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STATEMENT OF AIMS

TO BRING together descriptive accounts of pastoral work with individuals and groups, in parish, hospital and prison, and to encourage parish clergy and chaplains to share their understanding and methods.

TO DEMONSTRATE the use of concise note-taking in clarifying the pastoral process and in providing a factual basis for pastoral work.

TO CLARIFY from specific pastoral situations both the religious needs of the parishioner and the principles of relating to other professions also concerned with a ministry to people; especially medicine, penology, social work, nursing and education.

TO USE the insights of other professions, not in imitation of these professions, but as a means of further strengthening the clergyman's understanding of the needs and resources of his people and of his role and relationship to them.

TO THROW light on the elements of normal Christian living through clinical accounts of the pastoral care of the adequate and wholesome person.

TO CONSIDER the principles and methods of Clinical Pastoral Training of the theological student, the nature of the supervision involved, and its relation to other elements in the curriculum; recognizing the growing interest in this educational approach in helping the student make real in understanding and practice his work in the seminary.

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ETHICAL ELEMENTS IN THE ETIOLOGY OF THE UNSTABLE FAMILY*

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Introduction

As the basis for what I have to say, I am thinking of three neral situations of family instability or breakdown. First is the vious predicament where parents have separated or are divorced, haps one or both to marry again.

In the second instance the external relationships remain intact t the family itself is torn or warped by conflict and tension among members. There may be a surface veneer of sentimental attachnt or apparently strong positive ties binding the members toher. Or there may be surface bickerings which do not adequately lect the deeper maladjustments. It goes, of course, without the ving that in most instances the deeper strains and stresses may t be recognized consciously even by members of the family.

A third form of family distortion is what one might call the nassembled family": a number of adult individuals who have t married and established their own family groupings.

One might flippantly classify these as the "broken" family, the ent" family and the family that has never "jelled."

I should like to catalogue briefly some of the prevailing attides which seem to me to affect the stability of family life in our lture. These are, I believe, basically ethical issues though they ay be readily subsumed under the disciplines of psychology and ciology as well. These attitudes are to my mind pathological. They sult in the perpetuation of pathology in the family sphere. They dermine healthy family unity and distort many of the positive d constructive attitudes necessary for adequate family living d creative relationship.

Romantic Expectations

There prevails in our culture an over-romantic and over-sentiental view of what marriage is to be. I do not know how much is attitude is determined by the motion picture, the radio or the ntimental novel. In any case, many young people today come to arriage with an exaggerated impression of the romantic love,

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affection and attention which marriage is to bring to the individual. In pre-marital counseling one discovers the blindness of many couples to the responsibilities, the tensions and the deeper emotional and spiritual implications of marriage. There seems to exist a basic egocentricity by which each respective partner, under the guise of sentimental unselfishness, is actually seeking to satisfy his own ego needs.

It was remarked long ago that "love is blind." I think it is fair to say that in our culture the romantic and sentimental aspects of marriage play far too important a role in our thinking and feeling. It is quite obvious that there is an exaggerated need for affection and the symbols and expressions of love. Marriage then is exploited in the service of the distorted requirements of individuals.

As one gives pre-marital counsel to the young couple, one asks the question, "How do you settle your arguments and your differences and your hostilities?" and the answer comes back, "Oh, we have no differences, and we have no hostilities, because we love one another so much." The counselor then goes on to ask about the economic plans with respect to the sharing of income, and so on. "Oh, we have not approached those plans yet. We are so much in love we do not wish to have anything else interfere." That attitude, that over-romantic and over-sentimental attitude, seems to distort the very beginning of the marriage relationship. Inevitably it causes disillusionment, sometimes creative disillusionment be it said, but it creates a disillusionment from which some couples do not recover.

Irresponsibility

Accompanying the romanticism expected in marriage it is curious to find also a calloused kind of irresponsibility with respect to the permanence of the bond. There is a growing cynicism about the permanence of marriage and family life. Though I suppose rarely verbalized, the attitude would be stated in some such words as these: "I will enter into this marriage relationship hoping to find happiness and satisfaction but, if it doesn't work or I don't find what I want, I can easily get a divorce and remarry whom I will." The example of multiple divorces reported in the press has done little to curb the growth of this attitude. In many instances it is perhaps unconscious to individuals who are planning to marry. Nevertheless, it is an important undercurrent contributing to family instability.

It is surprising to see how early dissension or conflict will inspire in one or both of the marriage partners the conscious wish

o dissolve the marriage rather than the desire to work out a ealthy relationship.

Religious and Social Sanctions Against Divorce

Although in the minds of many individuals the attitude which have just mentioned prevails, there are still many religious and cial sanctions against divorce or separation. In smaller communi-es and in families seriously influenced by religion or religious tra-ition, divorce is still considered a scandal or a sin. Indeed, this is ne of the few situations in which strong social judgement may e rendered.

Among a good many religious bodies divorce or remarriage fter divorce is the only sin legislated against. Apparently it is nought that a mistake in the choice of a marriage partner or ailure in marriage constitute the only mistakes or failures that annot be condoned officially.

It is strange to observe that often the clergy who are most eady to perform the marriage ceremony for couples whom they ave never instructed or never known previously, are the very ones ho are most vociferous in opposing divorce or permitting rema-iage after divorce. One wonders whether there may not be some rojection of personal emotional elements involved! Moreover it is ften the case that the communities where divorce and separation re frowned upon possess the fewest aids and resources for the olution of marital and family problems.

For those who are sensitive to religious and social sanctions ivorce or separation as a solution to their marital problems is not onsidered. Where other solutions are not attempted or recognized s possibilities the family may be distorted because of the unre-olved tension between husband and wife.

Attitudes Toward Sex

The importance of the sexual factor in the pathology of family ife can scarcely be overemphasized. It is not necessary to remind urselves again of the conditions in our culture which prevent our oung men and women from marrying at the time when they are nost ready physically and emotionally for full sexual life. Nor is t necessary to observe that the repressions of adolescence and early outh often are carried into marriage with the resulting conflict nd difficulties in the sexual life of marriage partners. Since sexual xperience in adolescence is prohibited by religious and social sanc-ions many couples come to marriage with inadequate preparation or relationship on the sexual level. Continued difficulties here affect he entire marital relationship. What is needed is some clear re-

thinking and restating of our attitudes toward sex. Surely we now have enough data so that we can discuss fearlessly problems relating to sex instruction, continence and the place of sexual expression in the development of healthy character structure.

Mistaken Views of Love

Among many people today there is serious confusion about the ideal of love in marriage and family life. It is inevitable that those closest to one another produce the greatest frustration. Whenever frustration occurs there is anger-energy present. Many conscientious marriage partners and family members are so imbued with a false ideal of family love that they cannot accept the natural hostility that arises frequently in family life. The hostility is therefore repressed and often covered by superficial expressions of love. Bit by bit the potential of hostility rises until it either breaks out explosively or, because it is repressed, produces anxiety or an aridity of emotional expression in relationship. The anxiety and aridity are responsible for much of the distortion of relationship in family life. Furthermore, the hostility may be discharged in disguised form and do serious damage to the relationships.

Adults in the family circle are readily disturbed by the hostility discharges of children who on their part feel no inconsistency in loving and hating at the same time.

What is needed is a realistic view of love which lets us accept frankly the fact that the under side of love includes aggression and hostility, and that the aggression must be fully accepted before we can love fully. It is often surprising how young people can make use of such an understanding of hostility. One young couple, who were prepared for marriage recently, talked frankly about the way in which they would try to handle the hostilities that arise out of frustration in marriage. Though these frustrations might be small or very great, this couple resolved that they would face them fearlessly and consciously. They later returned to the clergyman who had prepared them for and solemnized their marriage and said:

"You know, it really worked." The hostility arose over a very little thing. The husband said, "You know my wife was never brought up with very good table manners. In our first two or three breakfasts together she put her elbows on the breakfast table and "slurped" her breakfast food. I was brought up to have very strict manners, and for some reason or another I could not stand this breach." Finally he got up courage enough and said, "My Darling, I love you more than anything else, but your table manners make me want to wring your pretty neck."

There, in a very simple way, was an understanding that hos-ity existed and a suggestion as to how it could be resolved.

But because most of us have a mistaken attitude about married ve we do not allow for hostilities that arise. We do not recognize e fact that married love must sometimes be the kind of love that rces the other to grow, or which forces the self to examine the fferences between the individuals in a marriage relationship.

Mistaken eithical or religious teachings regarding love and mily life often contribute to unrealistic relationships. Where stility can be accepted and sustained in consciousness it can be derstood and discharged creatively.

Exploitation in the Family

Frequently members of families misuse one another uncon-iously in the service of their own egos.

In our society there is much exploitation, emotionally speaking, family groups. Because we no longer believe we are in and for urselves lovable we are driven to use various tactics to attract, to old and to dominate others. Read any of the advertisements in e "snob" magazines and you will see the invitation to exploitation. nd the worst of it is that when we have "won friends and influ-nced people" we still cannot love them effectively and relate our-elves to them with real maturity.

The parent misuses the child as an extension of his own ego. He forces the child to live out some of his own unsolved problems r his own unachieved desires. He virtually controls his child in rder that his own ego may be enhanced. Children, too, are ready o exploit the adults in the family group. This misuse of human ersonality is one of the major additions to the pathology of family ife today.

Ultimately, there is needed a new standard of family love wherein we will achieve a healthy reverence for the integrity of very member of the family. Healthy love will create healthy love, nd exploitation will not occur.

Sanctioning of Reaction Formations

In unhealthy societies religious attitudes are bound to arise which produce pathology. One of these is that which sanctions sentimental and unhealthy relationships. Sacrifices made for the dependent child or adult in the family may be applauded and honored by a community which cannot recognize that sacrifice is creative and healthy only when the sacrifice of the strong for the weak makes the weak strong; or the dependent more independent.

Many times we have seen a young man or woman withdraw

from the stream of life in order to devote substance, efforts and emotion to the care of an older person. When the situation is studied objectively it is seen that there is warping of both personalities. When the older dies the younger is left distorted and unable to achieve marriage and healthy family existence! But the worst of it is that the community, even the religious community, may encourage and praise such behavior.

Conflict in Religious and Racial Attitudes

It is scarcely necessary to mention the tensions that may arise in so-called "mixed marriages." Here the inculcated teachings and attitudes derived from religious or social traditions may come into sharp conflict. In a very cogent way parents and children may be seriously disturbed by differences on such questions as education, dietary matters, attendance at religious services, birth control and certain aspects of medical attention. In addition, other tensions in the family ambit may show themselves in the guise of religious or racial disagreement.

Conclusions

In surveying our problem and in evaluating some of the attitudes involved in family instability one is drawn inevitably to certain conclusions.

One of these is that in the unstable family there is observed a lack of a sense of responsibility. Adults and children alike seem to feel that the quality and creativeness of their common life is a matter of their own concern. Many families experience no need to contribute to the emotional and social health of the community. They have no consciousness of being "under judgement" in either a religious or moral sense. Their choices of action or attitude are therefore irresponsible and dictated by egocentric demands.

A study of family instability produces a strong impression of the lack of adequate preparation for inter-personal relationship. Where the developmental process should have made for individuation and the capacity to relate creatively with others there are seen instead rigid patterns of egocentricity. Love has not begotten the capacity for love; pathology has perpetuated pathology.

Perhaps basic to the egocentricity which imperils or destroys family stability and health is the lack of self-affirmation on the part of individual members. If a parent has affirmed and accepted himself fully, there is little danger that he will be threatened by his marriage partner or children. He will have no need to exploit others. Since his ego is not vulnerable he need waste no valuable energy on tactics to defend it.

In the unstable and disrupted family one sees that three basic inciples—principles derived from religious and ethical sources—e being violated as regards relationships in the family.

The first principle is the need for deep reverence for the in-grity of the individual personality; that in the family situation e integrity of the individual, whether it be adult or child, must t be violated. In many of the attitudes which I have described this ternoon there is a tacit violation of the integrity of the individual exploitation, by the imposition of judgement, and by the manipu-tion of the personality.

The second general principle which seems often to be gainsaid the disrupted family today is faith in the positive forces and sources of life—trust that in the individual and the situation ere are forces that can make for health; that there are resources the community which can help in revivifying and remaking the mily.

The third general principle is that the marriage relationship ust be based on the partners' understanding of one another. It as been said that to understand is to forgive, and someone has ne beyond that and said, "When one fully understands there is thing to forgive." Insight, understanding, intelligent recognition the behavior patterns in others, of course, are needed in family fe.

We have been talking about the pathology of the unstable mily, but perhaps we should look to a few examples of the healthy mily and find out what it is which makes for health in the family lationships. I work in a hospital where all of our guests are ill. that hospital the attention of the doctors and the nurses is evoted to the recreating of health and to the conquest of illness. ccasionally there are patients who die, and then there are post-ortems. There is great concern that in the post-mortem the path-logy should be studied. Rarely do we think to study those patients ho achieve health, and who leave the hospital well and happy. erhaps in family relationships too we should examine what it is hat makes for health and not for pathology.

I suppose the fact that I have to speak as I do now is really a onfession that in many instances the church or the synagogue ave failed to do the job that they ought to be able to do supremely ell. It does seem to me that the religious community, which is upposed to assist young people and the family, ought to be doing ts job better than any other institution on the face of the earth. his is, of course, a confession of our failure and of our weakness.

Anything that is to be done along the line of educating the

clergy and religious leaders for teaching in this field must begin with the religious leaders themselves. This comes back to the way in which we select our religious leaders, the way in which we train them.

Dr. Koos has suggested that perhaps we need a certain number of deaths among clergy before we can carry out an effective program. I am in no position to make any comment on that statement! I do think, however, we should screen out from our seminaries those individuals who are maladjusted themselves and who are likely to perpetuate pathology. There are some churches that now are examining candidates for the sacred ministry with great care to see that they, themselves, are well adjusted.

It goes without saying that the religious leader, the minister, the priest, or the rabbi, has amazing opportunities in the normal course of his parochial duties to assist in the education of individuals for family life. Normally we go into the family at the time of the birth of a child to arrange about baptism; we see the family in relation to entrance into the church school at the age of three and one-half or so; we have the pre-adolescent or adolescent at the time he is confirmed; we have the privilege of pre-marital counseling with younger people; we are in the home as of right and not by grace when illness, or death, or conflict occurs. In such situations the clergyman ought to be able to do something in relation to that family. We do have a long range of contact which ought to be effective.

Furthermore it seems to me that our churches and synagogues ought to be doing more to create health in the family. Our parish houses or our synagogue (adjuncts) ought to be used more and more for the purpose of bringing families together in a normal atmosphere where there can be worship, and play, and social life together. In the great cities especially it ought to be possible for our parish houses to offer real opportunities for "togetherness" in the right kind of atmosphere for families which might otherwise not have a chance for the interchange of relationships. If we could help our families to a new joy and a new sense of freedom, a new pleasure in interchange of relationships, and some education and worship together we could be contributing to a devolopment in the life of the growing individual that should make for better family life.

I think that the church and the synagogue must confess failure in this area. But that does not mean that we have lost our opportunity, nor that we should not respond to the real responsibility laid upon us for this purpose.

FAITH AND PASTORIAL COUNSELING

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"*And he said to the woman, Thy faith hath saved thee; go in peace.*" *Luke* 7:50

"*. . . for he that loveth not his brother whom he hath seen, how can he love God whom he hath not seen?*" *I John* 4:20

"How can I get faith?" is a common question directed to hospital chaplains. This paper is an attempt to outline some observations regarding the meaning of the question and the role played by the pastoral counselor in dealing with it. Namely:

1) Every man, by nature, *needs* something in which to believe and *does* believe in something.

2) The fact that a person asks the question, "How can I get faith?" indicates that the beliefs by which he now lives are unsatisfactory but that he is, for some reason, afraid to change them to others which would bring self-fulfillment.

3) The reason for the dissatisfaction with his present beliefs is basically that they have never been his own, freely arrived at by himself in terms of his own spiritual needs. Rather, he was compelled to accept them through some sort of authoritarian pressure.

4) Being compelled to accept beliefs dictated by others results in anger toward and fear of the authoritarian persons. Hence his faith is not motivated by love, but by fear—irrational fear of a temporal authority whose dictates are contrary to God's will for him.

5) Thus, to discover a personal faith in the God of love requires first a resolving of the angry, fearful temporal relationships.

6) Once the destructive relationships are resolved, the creative forces within the patient establish a meaningful relationship to the God of love. He learns what it is to have self-respect and a loving relationship to his brother and to God.

7) In facing and overcoming the destructive relationships, a "saving force" must be present in both the patient and the chaplain. The latter must himself be sufficiently "saved" that he can be a channel of God's understanding-love, to counteract the authoritarian fear-relationships in the patient's life. There must be within the patient a deep, God-given striving or self-fulfillment (some-

times called "the will to get well"). It is always smothered under a load of fear and hate but is valiantly striving to express itself. Without its presence in both persons, no patient can be helped to a vital faith.

8) Hence, the process of "getting faith" is at root "in the hands of God." It depends ultimately upon a power beyond either the patient or the chaplain. A chaplain may make conscious use of "counseling techniques," but understanding-love is beyond his conscious control. Nor can a patient "lift himself by his own bootstraps," to achieve faith by use of "will-power."

1) *Every person does believe in something.* It is a dictum that every person suffering from a functional mental illness is suffering from a loss of self-esteem. That is, he has a terribly low opinion of himself. This implies that the person is comparing himself unfavorably with some standard of values which he believes to be absolute and final, i.e. God's will, regardless of whether he puts it in traditional religious terms. In other words, he does believe in something. Whether or not it is really God's will (usually it is not), he is convinced that his life stands or falls on his living up to it.

A tall, lanky, intelligent man with clean-cut features, forty-five years of age, came voluntarily to a mental hospital because of terrifying fears of dying of "a heart attack." He asked to see the chaplain as soon as he was admitted and poured out a story of conflict between his sexual impulses and his religion. Because of his background, he thought of his troubles in specifically religious terms. Other patients may verbalize their conflicts in secular terminology, while referring to the same spiritual problem. His trouble had started, he said, twenty years before, when he had impregnated a girl and was forced to marry her "out of a sense of duty." His parent's moral censure had been felt by him and his wife ever since. He had tried desperately to atone for his sin and to become reconciled to God but had never succeeded. He was panic-stricken that he might die without reconciliation. He had gone to many Protestant ministers and Catholic priests, even trying Christian Science, but they were never of much help. He had become so anxiety-ridden eight years before that he had gone to a mental hospital. The doctors there had told him that the solution to his trouble was to accept his sexual nature as being alright and to get rid of his religious ideas. He had tried to follow their advice and it seemed to work for awhile, but he found himself wanting very much to study religion. He fought against this desire, because his wife was afraid that it would put him in the hospital again. Despite his

efforts, the old fears had come back again. He became afraid of being around the bosses in the office where he worked. When he was offered a promotion to a more responsible job, he became panicky and turned it down. He was unable to achieve intercourse with his wife and reverted to masturbation, which only increased his guilt. Finally he became afraid of going out on the streets for fear that he might confront women who would arouse his sexual feelings. When any of these things occurred, i.e. confronting a boss, being offered a promotion, masturbating, or meeting women, he would have a severe contraction in his chest which made breathing difficult. This he called "a heart attack." Fearful that he might die without reconcilation to God, he went to a psychoanalyst. He kept only a few appointments before he quit and came to the hospital. In the first interview, he asked the chaplain what beliefs he could give him that would help.

It is apparent that this man's most immediate concern was to find someone who would respect his desire to hold to his beliefs. For whatever reason, they were terribly important to him. Granted that there was something about his beliefs that was causing conflict in him; yet they were the only means he had been able to discover by which to make an adjustment to life, poor as that adjustment might be. He would continue to need these beliefs, until the unhealthy reasons for their importance to him had been uncovered and he had been able to wean himself emotionally from them. Therefore, the chaplain expressed appreciation for the fact that his beliefs had meant a great deal to the patient.

2) and 3) These two observations will be dealt with together under the heading, "Are the patient's beliefs unsatisfactory to him, and if so, why?"

The fact that the patient sought out the beliefs of many clergymen before and was now seeking the chaplain's made it evident that he was not entirely satisfied with the beliefs he had. On the other hand, the fact that he had rejected all other beliefs that clergymen had given him indicated that for some reason he could not give up his own and accept others. Thus, when he asked the chaplain to give him his beliefs, the patient was really saying, "My own beliefs have been giving me a lot of trouble, but I cannot seem to rid myself of them for others that would fullfill my spiritual needs. I have tried and tried but to no avail. Will you see my real predicament, i.e. that I am chained to my unsatisfactory beliefs, or will you, like the others, overlook my real difficulty and simply give me some more which I could not possibly make my

own, even if I wanted to?" The chaplain responded to the patient's request by suggesting that it would be more helpful to see why the patient did not seem to have his own sure beliefs.

The patient responded by talking about his mother. He described her as being very religious and at the same time so asexual that she had told him that she would have been happier living the life of a nun. His father, on the other hand, was just the opposite. He had advised his sons to get sexual release anywhere and in any way except by means of masturbation which would drive them crazy. It was evident that he had mixed feelings toward his mother's ascetic code, while he rejected more openly his father's ideas. His own beliefs seemed to be more closely associated with those of his mother.

The conflict over having to cling to unsatisfactory beliefs appeared again and again throughout the talks with the chaplain. As is often the case, the ambivalence was manifested by citing instances of how teachers and preachers had annoyed him, when they dismissed his beliefs as superstitions. It gradually developed that he was most concerned with ideas on immortality, for which he had accepted his mother's concepts, i.e. the person who dies is always hovering near us, watching over us and knowing our every move. To be dismissed as being crazy for holding such beliefs hurt him. In roundabout ways he would express resentment toward the doubters and then watch carefully for the chaplain's reaction. Occasionally he would ask point-blank, "What do you think?" The chaplain would respond in this vein: "Your mother's beliefs have become very precious to you, and it hurts to have others ridicule them." This expression of appreciation would usually result in his giving expression to the other side of the conflict: ways in which his beliefs interfered with his desire for self-expression in sexual and other spheres. The following are examples of this.

As long as he could remember, he had had an overwhelming curiosity about sex, especially about the physiology of women. His mother had been so "hush-hush" and horrified at the mere mention of it that it had always been a mysterious and fearful thing to him. As early as he could remember he had a great curiosity about how girls were made. He had supposed that they had penises the same as boys. When he had had a chance to examine a baby girl whose pants had fallen down, he thought that the lack of a penis meant that girls were boys whose development had been arrested. By the time that his father told him that masturbation was bad, it was already too late. He had been having sexual sensations and mas-

rbating for years. When he was about five or six he had witnessed s parents in the act of intercourse. Seeing it made him feel hamed. He had blamed his father for forcing his mother to sub- t. He was horrified and would not believe it, when he was told at babies came from between women's legs. It meant to him that omen were cut open. He was shy and ashamed to be around girls to his first date at seventeen. Even then he had never felt safe th them. A fellow employee had once talked him and his wife into ing to a nudist camp, in order to get the patient over his em- rrassment around women. After the second or third time he had come so tense that he never went back.

He had never been able to relax and enjoy intercourse with s wife until after his first hospitalization. About a year before e last onset of anxiety it had become hard work again. Feelings ward a dictatorial boss had brought back the old tensions. Then began to masturbate more and more. This increased his guilt. He as back in the old rut again. The masturbatory phantasies some- nes harked back to a homosexual submission to an older boy at e eight. At other times they dealt with having intercourse with omen who would either think it nasty and slap his face or over- wer him and force him into the act. The women in the phantasies ere large, heavy-set, actually the opposite of any girl to whom had ever felt attracted. They were, in fact, rather motherly, a od deal like his mother. This had never occurred to him until w. The idea of having intercourse with his mother was abhorrent, though he had had longings to have his mother to himself. He uld not seem to accept sex as something natural which God had iven man. He knew that he was not cold by nature. Sometimes e felt that he had so much passion that he could not let it all out.

Masturbation had bothered him all of his life but was especially istressing in college. He would be overwhelmed by a sense of guilt nd would pray desperately to God for relief from "the terrible rges." Once he pleaded with God that he would rather be dead an endure his sexual cravings. He had his first "heart attack" ie next time that he was "overwhelmed by the urge." He was errified that God had heard his plea and was granting his wish to e dead. The "heart attacks" had preceded both onsets of his ill- ess and had been accompanied by the sexual phantasies.

In college he looked for a religion that would give him strength o conquer his masturbation. However, the liberal theologies uestioned the spiritualistic beliefs with which he had grown up nd thus threatened what little security he had. On the other

hand, the more orthodox faiths introduced the concepts of punishment and hell, which only added to his already great sense of fear and guilt. He had had a firm belief in the old days and had felt secure in his faith. He had believed that God was a person and that He, together with Christ, the angels and the dead, could communicate with a person through something like telepathy. This fitted in with his mother's belief in spiritualism and with the family seances when he was a boy. The patient had found that he could experience queer, ecstatic sensations and receive communications from the spirits. His mother would tell him afterwards that he had said something about being in communication with his (maternal) grandfather and sister, who were dead. Because of this ability the patient had become a source of family pride. Even his father had boasted about him. "Imagine, we could all be in close communication with my grandfather and sister! They were still near and all around us, even after death! They were as close as they had ever been! I kept thinking about that and it seemed so wonderful!"

At age eighteen he had become dissatisfied with his work and felt no purpose in his life. One noon he learned from a side-walk evangelist that through Christ a man could do anything. The idea appealed to him. He wanted power to be able to rise above having to work under a boss. He began going to an Episcopal church during noon hours, where a stained-glass picture of Christ made him feel that he was in Christ's presence. He began to think that he might like to become a minister. One Sunday he heard the bells at the Methodist church and they seemed to be calling him. He had gone to a Lutheran sunday school as a boy but had not had much to do with a church since. His religion had been largely spiritualism plus the lesson from his mother's stories that a person should always be good and act kindly toward everyone. He started going to the Methodist church and found that its highly emotional atmosphere appealed to his easily aroused nature. At an evangelistic meeting he had an experience in which he felt he was converted and called to preach as his life work. This finally was the purpose in life for which he had been seeking. He was overjoyed. His mother was greatly pleased, although his father thought it was foolishness to live on a preacher's salary. With the Methodist minister's encouragement he entered a religious training school where in four years he could finish high school and the education required to be a minister.

The high hopes and expectations with which he entered the school were met by teachers who scoffed at his spiritualist inter-

tation of Scripture. On the other hand, they taught a strict ralism that stressed the depravity of the flesh. This began to e him trouble with his sexual feelings. It developed into a cycle: sturbation with some guilt—moralistic ideas that intensified h the guilt and the desire to masturbate—"heart attacks" which re-punishment for the masturbation. Because the uncertainty d guilt were causing him so much distress, he left the school er two years and transferred to a college. He would, he thought, dy to become a teacher.

In college the patient was offered a student-charge in a rural urch. He was on top of the world again and felt that he was ing well, until the District Superintendent made a visit. The latter emed more concerned with the money which the patient had iled to collect than with matters of the spirit. When he asked e D.S. for help on what beliefs to give the people, he was told at he was "crazy" to be preaching his beliefs in the miracles and e resurrection. Again he decided to give up the ministry, although was still greatly concerned to find a personal faith in which he uld feel secure. Then came the breakdown in his last year of llege. It was caused by the discovery that he had impregnated a rl whom he had met in the parish. To have had intercourse with r, his first experience, filled him with remorse. The resulting egnancy, marriage, dismissal from school (against the rules to arry), disqualification from a scholastic honorary society, ina- lity to find work (the depression), having to go on relief and to nd his wife back to her family for support, and finally the birth the child—all were regarded by him as God's punishment for is wrongdoing. Many times during this period he was stricken ith heart palpitations. He lost all of his self confidence. He had ever been able to regain it.

He continued to "fill in" on preaching assignments, until he as told that his spiritualistic theology and instability disqualified im from ever having another charge. He now felt that he had lost he one thing which he had been called to do. He turned to an ntensive study of spiritualism, to satisfy himself on what was uth and what was quackery. Spending much time and money, his uest ended in disillusionment, although he still retained a belief in ertain things. He next turned to Christian Science but found othing that gave him the assurance he was seeking. It gave him, nstead, the troublesome idea of the "devil" being all evil thoughts which should be pushed out of one's mind. The more he tried this, owever, the more the devil persisted in pushing into his conscious-

ness. He became terrified at the word "devil," for it became associated with "vulgar and blasphemous" thoughts which he could not escape. He became afraid that they would overwhelm him and that he would become insane. One day a most terrifying thought came into his head so strongly that he was certain that the devil himself possessed him: "God, you are a son-of-a-bitch!" Fearing insanity, he admitted himself to his first hospitalization. Once in the hospital, however, he was so afraid that the doctors would think him delusional that he suppressed this and all other such ideas. Consequently, he had kept them all to himself until this moment.

He had felt cut off from God all these years and had felt that he would die without a reconciliation to Him. He had had to shut off all desire for feeling religious, for feeling close to God, in order to shut out the vulgar, blasphemous thoughts. Since the onset of the "heart attacks" he had always been afraid of religion. Although it was the only source of power and protection he had known, it also seemed to increase his fear of dying. His interest in psychic research was an attempt to find something which would give him a sense of power and protection. He still yearns for this kind of communication, yet he was afraid of it. It was all a vicious circle. He wanted to feel close to God, yet he was afraid of Him.

At this point the patient looked at the chaplain and said, "I suppose that you, too, think that this is all crazy." The chaplain replied that down through the years the patient had seemed to be looking for a source of strength, guidance and approval and had never felt that he had found it. He said that this was true. He had never been able to get approval. Even today his father would not approve anything he did. He broke off talking about his father to return to his religious concern. Despite the fact that he had tried so hard to please God in every moral precept and in self-sacrificing service, he had failed. He had wondered why God would be so hard on him, if He were a good God. Despite everything that he had done for God, he was still punished.

In the fifteenth interview he said that the words, "I John 3:15 and 23," had flashed across his mind recently. Consulting his Bible he found, "Whosoever hateth his brother is a murderer, and ye know that no murderer hath eternal life abiding in him." and "And this is his commandment, that we should believe in the name of his Son Jesus Christ, and love one another, as he gave us commandment."

The above account makes it apparent that the patient's beliefs

have caused him considerable misery and bitterness. He had tried hard to follow God's will as he understood it and received nothing but "punishment" for his pains. It is understandable that he should have the angry thought, "God, you are a son-of-a-bith!" Yet he was terrified by these rebellious feelings. The reference to his father and to I John hints that the source of this terror may be in his temporal relationships, rather than in any relationship to the God of Christ.

4) and 5) These two observation will be considered together: Being compelled to accept beliefs causes anger toward and fear of the authoritarian persons who imposed them; and, these destructive relationships must be resolved.

Given the opportunity, a patient will always connect his beliefs to his feelings toward the significant people in his life. How these feelings were gradually given expression and at least partially resolved will be noted in this patient's situation.

Although the patient had made it apparent from the first interview that there was considerable difference between his parents' points of view, he gave no real expression of his own feelings toward them until the fourth talk. Then, he described his father as a crude, ignorant man who could not speak without using vulgarity and poor English. His mother had put up with it, despite her revulsion, because her parents had trained her to be a dutiful wife. When the patient was five, his mother had written his grandfather, asking if she could not get a separation and bring her children home. She was told that, having married her husband against parental advice, she would have to stick by him. The patient went on to say that not only was his father a dictatorial man with a violent temper but he was also frail and sickly. Even when the patient had become physically and mentally superior, he had felt ashamed to assert his superiority because of his father's chronic suffering. The father would brook no difference of opinion and would harangue his family endlessly over the most minute things. Yet, out of respect for his ill health, the patient would not retaliate. He added that his father was still living at seventy-five.

In the fifth interview he revealed his relationship to his wife and daughter, age nineteen. Both were strong-minded and aggressive and always got their way with him. When they argued with each other it upset him. When he pleaded with them to stop, they would both turn on him and berate his sensitive nature. He could not fight back, which made him feel like a fool. The dogmatic treatment which he had received from his father made it impossible for

him to assert himself. He had learned not to fight back, even when he knew that he was right. If he did get stubborn and argue with his father, there would be a terrible scene. His mother would always intervene in tears and warn him that, if he did not stop, his father might have a heart attack and die. As a consequence, he had never been able to stand up to anyone who was his superior. He listed a number of the teachers and bosses who had ridiculed him and made him feel like a fool. He had found it impossible to do anything except to submit to this treatment.

In the eighth interview, he said that he wished that his father had been willing to listen to his ideas and ambitions and had given him encouragement, instead of sapping all of his self-confidence. It was because of his father's inadequacy that he had turned to his diseased grandfather as his hero and source of strength and guidance. In the same interview, the patient told of his father's jealous rages when he felt that other men were showing his wife too much attention. He had often said that "a women can never be trusted—she will always double-cross a man." His mother, on her part, had always been free to tell the patient her negative feelings against his father.

In the thirteenth interview he said that he had been worrying about dying and could not understand why. A doctor had talked with him the day before and had pushed him so hard to admit his negative feelings toward his father that he had nearly broken into tears. At this point he changed the subject and asked why God was no longer real to him; why, in fact, to think about God brought feelings of fear. The chaplain suggested that his strong mixed feelings toward his father and toward God might be related. It might be that he wanted the goodwill of both of them, while at the same time he did not want to put up with their unreasonable demands. This had seemed to be indicated by his thought, "God, you are a son-of-a-bitch!" for which he felt so guilty.

He replied that he had always felt that he should please his father. It seemed terrible to think of not liking him now. The fear that his father might die made him feel a great obligation to him. Even when he *might* want to do something contrary to his father's wishes, he felt guilty about going against the person who had suffered so much for his family. In conclusion, however, he said that he could see that his father had used his physical suffering as a weapon over the family. The chaplain suggested that it was often very difficult to please a person who had a neurotic wish to dominate. He admitted that he had spent his life trying to please his

ather and had never succeeded. No matter how hard he tried, his ather found fault. He enumerated examples, then suddenly shifted ack to religion, saying that he had tried in every way possible to lease God but was still punished.

The chaplain pointed out that his description of his relationhip to God was identical to the way he had described his relationhip to his father. In both instances he had tried to please them at reat cost to himself and yet had found it impossible to meet their lemands. His relationship to God seemed to have been arrested on he neurotic level of a little boy's submissive relationship to an nreasonable, demanding father. It was understandable that he would want to call both of them "sons-of-bitches." The important hing seemed to be that he still felt safer to remain his father's ittle boy, in order to satisfy his father's neurotic need to feel imortant.

The patient responded by recalling that as late as his eighteenth year he had had a disagreement with his father and had said that he was going to make up his own mind about the matter, because he was a man and could think for himself. His father replied that he was *not* a man and would not be for some time to come. He had received this admonition from his father many times since. The patient said that he was beginning to see the relationship between his feelings toward his father and his faith. He felt that he was getting somewhere and that there was hope for him.

In the next interview the patient said that he was trying to understand why it was that he was so afraid to express his anger. He referred again to his father's dogmatic ways and was able to express more hostile feelings. When he had gone so far, he would end up by expressing feelings of deep pity for his father. He concluded by saying that he was amazed to see how mixed-up feelings can influence so greatly one's religious thinking. Despite what one knows intellectually to be a fact, his feelings could make him believe and act just the opposite. He knows that God is loving and forgiving, yet he cannot seem to believe it. He decided that he was going to assert himself more and not let people walk all over him. He had been trying it with patients on the ward. He still felt apologetic but could see that he had been overly apologetic all his life.

After two more sessions of expressing his fear of dying, he said that to express a difference of opinion to his father would, if he allowed it, end up in such a violent argument that he would hit his father and kill him. The same was true of his fear of bosses.

There had been the danger of hurting someone, if he should let himself go. Two days later the patient said that he felt at times a great desire to be a real person, but it was not for him to be. If he should bring out all of the personality in him, if he should let himself go, it would be dangerous. It's funny, but he could not even trust God. It seemed as though, if he should let out the real power and person within him, God would not like it and would precipitate a heart attack, and he would die. Then where would he be, having died without a reconciliation with God? Terrible as it may sound, he simply could not get over his fear and distrust of God. It was pointed out that he still characterized God as being very much like his father, despite all that he had learned to the contrary. He replied that he could not help having such an attitude toward authority, and repeated his father's admonitions.

Two interviews later he repeated the desire to strike out on his own and the fear of doing so. It all seemed to go back to his marriage. Despite the fact that he was forty-five, he felt that he was no older than when he was in college. Everything seemed to stop for him at that time. He reiterated the details of the forced marriage. It was suggested that that was the time when he was about to undertake the role of husband and father, thereby showing that he was no longer a boy. The prospect frightened him, however, so that he had spent the years since trying to prove to his father that he was an incompetent child. He agreed and for the first time with strong feeling reiterated the nature of their relationship. Pounding a bed with his fist, he said that *nothing* he had ever done was right in his father's eyes! His father just *had* to find something the matter with it! His father was *always* right, *never* wrong! He hates himself when he thinks of how he has crawled and tried to show respect to men in authority! But he is afraid that if he ever really got angry he would kill someone. He has always been afraid of killing anything, even a chicken. He dreamed last night about sweeping out the devil and having seven more take his place. This meant that he was trying to sweep away his old self and did not know what to put in its place.

Two days later he said that he was feeling resentful toward so many people. With much feeling he berated the bosses he had had and all executives in general. Finally he said that he had all kinds of feelings inside which he would like to get out. There were not only angry feelings but also feelings of real affection for his wife and others. He could not express these, either, and wishes he could. There was still some way to go, before he could accept his

feelings as not being dangerous. In the next interview he said that his feelings of resentment were still spreading. He reacted to his wife's visit by expressing considerable resentment toward her strictness with their daughter and her insistence on working when she did not have to. She had worn the pants in the family. He discussed this as it related to his submission to his father. He ended by saying that he could never feel close to his father. It would somehow be wrong to be companionable. He felt that his father would not like it, that his father liked it only when he acted like a little boy.

In the next talk the patient expressed his exhilaration when, at staff meeting the week before, he had realized that the doctors were listening respectfully to his every word. When two of them had competed to see which would ask the next question, it seemed as though all the doctors suddenly "shrunk" to a smaller size and were no longer such fearfully important people. The chaplain suggested that his use of the word "shrunk" indicated how he might have felt toward his parents and all authority. To little boys parents looked huge and omnipotent. As they grew up, their parents "shrunk" in their eyes, until they seemed to be no more omnipotent than their children. His experience in staff had been a true one, because there were many ways in which he was on a par with the doctors and probably some ways in which he was superior. All people should "shrink" in his eyes to their real size.

He then reported a long dream about being saved by Christ from the raging waters. In it he had seen Mother Nature giving birth to a stream of children, among whom was his daughter. He said that it seemed to him that only a father or God had the right to produce all those children with Mother Nature. He still could not think of himself as a father. It was pointed out that he had not yet been able to "shrink" his father to his proper size. He still seemed to have an emotional hangover from the time when only a huge and powerful father had the right to make physical contact with mother and produce children. He responded that this thought made him dizzy.

Three days later he reported that he had had a series of feelings come over him: irritation, resentment, strong feelings of sadness about his mother's unhappy life, and a desire to laugh at the slightest provocation. His feelings were really working around! He then went into a long discourse about a life-long desire for a high purpose in life, which his mother had given him. He felt that he had started toward this high goal when he had studied for the

ministry. Then he had failed. Ever since, he had drifted, until he reached the place where he was so resentful of people and life that he wanted to contribute nothing, because he had been given nothing. After rambling on this theme for over an hour, he spoke of a thought that had come to him several times lately: if his mother should die, he would be completely lost, because he would have nowhere to turn for refuge. He could not understand this at all. The chaplain suggested that there might still be something frightening him which made him feel the need of his mother's protecting love. He began to weep. After a while he talked of how much he had depended upon his mother to take care of him, when he should have been easing her burdens by taking care of her. The strength to do it had been slashed out of him so that, instead, he had been a burden to her all of his life. He had been so helpless, dependent and worthless!

In the next talk he said that he was still feeling strongly about the subject of the day before. It had even brought back his chest contractions (no longer called "heart attacks"). He had been thinking of how much his mother had had to suffer at the hands of his father, and how he sould have helped her by standing up to his father and telling him off. He went on to elaborate on how much his mother needed him as her defender against his father. She was the one person in the world who was his security and protection. He realized that he had a very strong attachment to her. She had turned to him before anyone else to share her troubles and confidences. These confidential talks concerned her girlhood and love affairs, the father's infidelity when the patient was age 4-5, the lack of suport from her own family. When his father returned home and interrupted one of these intimate sessions, the patient experienced a confusion of feelings. He felt like hating his father, but his mother's attitude of pity and solicitude for the sickly man prevented it. He, too, would be filled with pity for his father. Now he believed that "poor Mom" had always been in much worse health than Dad but had suffered silently all her life, just to placate him. The patient's ambition as a little boy had been to free his mother from his father, but even now he could not see how to do it.

His feelings of closeness to his mother had been so great that it had been impossible to feel toward his wife as a husband should. It seemed as though his mother still meant more to him than his wife. The latter was loyal, but he had never felt the same close sharing and love that he had with his mother. The three women in his life—mother, wife and daughter—had never gotten along

together and had pulled him in different directions. He had been in the middle and did not know where to turn to please all of them. The next two sessions were devoted entirely to expressing his strong feelings for his mother. It had never occurred to him until now how important a part his mother had played in his illness. Everything she had ever said or believed had always seemed to be the best and final authority—much warmer and more loving than the views of the cold professors. Yet he realized that there had been some things about which she was wrong. She had become estranged toward him and cold toward his wife, after they were married. She had not warmed up again, until he and his wife had moved into a home of their own and he had visited alone with his mother several times a week. Then, shortly before the onset of this illness, she suddenly acted as though she did not care to be close to him any longer. In answer to a letter saying that he would move back to the hometown to be close to her, she had said that it was an awful place and that she and his father were moving to Texas to live with his brother. He could see that she was not as infallible as he had always thought, although it was still hard to accept the fact. She had disappointed him, and he resented it.

The next interview followed his first weekend at home. It had been much freer from anxiety than he had expected, but he had felt guilty during intercourse with his wife. The next day he had found himself thinking of his mother with tears in his eyes, wondering whether she had really meant that it was alright for him to make love to his wife, when she had sent him a book on sex. The rest of the interview was spent alternating between his resentment toward and loyalty to his mother. In the next talk he told of the many songs his mother used to sing to him and showed the chaplain one he had written down:

As we float on the tide of the river of life,
The friends that we meet there are few.
How often I think when on going to rest
Of a friend that was tender and true.
How her cool loving fingers would rest on my brow,
As I suffered in sickness or pain;
And my eyes fill with tears as I realize now
That I'll never see mother again.
Treat your old mother with love and respect;
Always be tender and true.
Don't for a moment her wishes neglect,
For there's no one like mother to you.

It brought tears to his eyes to read it. He had been given a strong lesson in the importance of a close love and loyalty to one's mother. It was the greatest thing in life.

In a hurt, peevish tone, he talked some more about how his mother had now turned from him, despite his long years of loyalty to her. It seemed as though she were saying, "Alright. If I cannot have you, if you want to give your attention to your wife, go ahead. But don't expect me to love you any more." Yes, it looked as though every time he had tried to please his mother, his wife had been in the way. Probably his mother would have been happier if he had never married at all. In fact, he doubted that he ever would have married, if circumstances had not made it impossible to avoid it. He had never had a real love for another woman besides his mother. Including his wife, he had been in love five times and broke off each one except the last. The only way out of that one would have been abortion, which he had considered but dismissed because of guilt. The thought of it troubled him even now. No, he had had to get married. And it seemed as though his mother had never been able to forgive him for it.

The chaplain suggested that the unforgivable sin, then, seemed to be disloyalty to his mother in getting married. Her wish for him had seemed to be that he remain a celibate son who would care for her alone for the rest of her days. The patient agreed and said that his mother had implied as much once, by pointing out to him a bachelor minister who had devoted his life to his mother until her death. The thought of it now made him dizzy.

The patient was all smiles the next day as he began to talk. He had decided that he could still please his mother by buying a house in which she and his father could have separate quarters. Then he could devote some of his time exclusively to his mother and they could resume their long talks. The chaplain asked if such a solution would make his wife feel any less as though she were still competing with his mother for his love. He had not thought of that. In fact, he had not realized until his last visit home how much his wife had felt his mother's rejection. He had never allowed her to discuss it before and was amazed at the number of incidents she could recall. He has just begun to realize how much he had left his wife out of things and how hard it must have been on her. It always goes back to his parents and how much he has felt the need to please them. In fact, he has spent his life trying to please people and has never succeeded. It is amazing how a fellow could get such an attachment to his mother. He could see now that it had

not been the best thing. Yesterday he kept having two pictures of his mother in his mind: one of the idealized mother he had always made her out to be and another of the person she really is. It seemed as though both she and his father had "shrunk" in his eyes in the last couple weeks. But it sure left him low, when he thought of breaking with his mother. It would require a change in his ideals and ethics and everything. He realized more and more that his mother's ideals were not the best, but it was hard to leave them for something else.

Here the chaplain showed the patient a picture, "The Sphinx," of a huge, bare-breasted woman bending over her son and smothering him with an embrace, her fingers being claws sunk into his back. (This is *not* recommended as good counseling procedure!) The patient stared at the picture for a long time, obviously deeply moved. Finally he said that it was amazing how such a love can wreck a person! It hurt like everything to realize it, but he knew that it was worth it to get well. This was touching something very important. It was painful, but he was not afraid of these painful feelings any longer. That picture kept coming back to his mind. It just occurred to him when he saw the woman's breasts that he had always said that breasts never stimulated him sexually, like they seemed to do to other men. Yet he was stimulated by the breasts in the picture. He must have had to suppress these feelings in his love for his mother, because they would be so unacceptable. That was why he had de-sexualized his ideal love. That was why he could not feel right about his sexual feelings toward his wife. It was terrible to have to think about these things. It depressed him so.

As he sat, deeply moved and disturbed, he said that he felt as though he were in the dark between two lights. He could see that his past life had been inadequate; yet he could not see the good that lay ahead. He did not want to turn back. This attachment to his mother, plus his fear of being aggressive with his father, had prevented him from going ahead in a true love relationship with his wife. Nor had he been able to go back to an asexual single life. He had been absolutely stopped. The only way out had seemed to be death, not really to die but to come as close to it as possible. His life of helpless dependence had been the same as death. It was clear now that he must grow up. Yet he could not see how to do it. He was determined to see it through, however, no matter how much it hurt.

Up to this point the patient had seen the connection between

his unsatisfactory faith and his destructive relationships to his father and mother. He had worked through the destructive feelings sufficiently to realize that his old faith had not been his own and that he must discover for himself his own set of values which would meet his deepest spiritual needs for self-fulfillment. There was more "working through" of his feelings to be done, and both he and the chaplain realized it. As both he and the chaplain were leaving the hospital, the chaplain gave him the name and address of a psychotherapist to whom he could go once he got home. He could now face the real sources of his illness with sufficient resolve that he no longer feared the possibility that the therapist might attack his old faith. He had already decided to discard it himself and to build one a more healthy foundation.

6) The creative, loving feelings are free to express themselves, as the destructive relationships become resolved.

The positive feelings which lay buried beneath the destructive ones began to appear when the patient was working through his anger toward his father. Although admitting fear, he said that he was feeling more and more that he would like to strike out on his own. Three interviews later he said that he had not only hostile feelings but also feelings of real affection toward his wife and others, which he would like to express. In the next interview, he expressed a desire to be on a companionable basis with his father.

It was after working through his bitter feelings toward his mother that he reported with pride and joy that he had had an anxiety-free weekend at home, in which he had thoroughly enjoyed his daughter and had been able to make love to his wife without feeling guilty. He had felt free to laugh and cry, to let himself experience any feelings that arose within him, and they had been coming strongly, frequently and in great variety. It made him feel alive!

Three interviews later he said that it had suddenly come to him during the night that he could now make up his own mind about things without any sense of danger. He could consider critically any of the ideas in the Bible and could believe that the anti-sex verses were not necessarily true. This ability had come to him with a great sense of relief. He had been like Paul, in that he had tried so hard to live up to every moral code in order to be perfect in the eyes of God and man. He had felt guilty all these years for having impregnated his wife. He had feared what God would do to him after death. Now he did not think that God would do anything, for He is a loving, forgiving God.

In a letter written eighteen months after leaving the hospital, he spoke of pleasant evenings spent with his father, in which his father showed great interest in what the patient had learned about psychology. He also remarked on his father's admiration of his rugged physique. His mother enjoyed watching the wrestling matches with his family on a television set, which had surprised and pleased him a great deal. A far cry from the old sessions in which she endeavored to keep him her dependent celibate son! He spoke of his parents' taking turns visiting the various members of the family, as though it were a matter of course. He said that he was finding many new and interesting things to do. That he did not mention any specifically religious concerns may in itself be a sign of greater spiritual health. Before, when he felt uncertain of his faith, he felt compelled to talk about it all the time. A person who feels secure in his faith does not have to talk about it. He *lives* it.

7) and 8) These two observations will be discussed under the heading: The "saving force" working through patient and chaplain is from God.

Evidence of the "saving force" in a patient is apt to be slight at first. It is as though the striving for self-fulfillment were a weak, neglected plant that had suffered from a lack of sunshine and water. Only as the chaplain has a deep and abiding conviction that this God-given striving resides in man's nature is he sensitive to signs of it among the all-too-evident destructive symptoms. If he is not appreciative of its presence, one of two things happens. Either he is so pessimistic that he can only see the warped, destructive forces in the patient, in which case he gives up all hope and leaves the patient to their mercy. Or else he distrusts the efficacy of the "saving force," gets anxious and tries to "play God," striving to save the patient by his own forceful efforts. The latter activity is as disastrous as the former inactivity. These might be called the major sins of omission and commission in pastoral counselling. On the other hand, a confident trust in the "saving force" enables the chaplain to encourage its striving within the patient and to allow it to set the pace of the patient-pastor relationship. This means, of course, that basically it is not the chaplain who "saves" the patient. Rather, it is the creative force of God working through the patient; for which force the chaplain has the greatest reverence.

The "saving force" first evidenced itself in this patient in the fact that he asked the chaplain for help. True, a strong element in him was afraid of change and fought against it. He had already run from a psychotherapist. Nevertheless, by allowing him to move

at his own pace, he could and did change. As early as the fourth interview he said that he was beginning to realize that faith is an inner state of confidence and strength, which it was impossible to have if one were filled with anxiety. Faith and fear are opposites. One could not have faith, unless he had been able to rid himself of his fears. A bit later he arrived at the place of wanting to examine his beliefs and to see what there was about them that was causing the trouble.

This increased sense of striving for health was demonstrated when the patient was able to reveal in the eleventh interview what had for him been a terrifying thought, "God, you are a son-of-a-bitch!" The mere fact that the patient could face this frightening experience was a great step forward for him. Moreover, the thought itself revealed how powerful was the "saving force" within him. To be able to damn to his face the "God" who had robbed him of all individuality and sense of worth showed that the creative forces within him were anything but "supine." When he got a glimpse of this truth, he said that he felt that he was getting somewhere. He thought that he might try being less "supine" with the other fellows on the ward.

When the patient admitted that he felt very dependent upon the chaplain, he was told that the only real difference between them was that he had a fear of using his real capacities. On other occasions the chaplain gave sincere recognition to the superior scholastic and other talents of the patient. He came to realize that there were many things that the chaplain could learn from him. Going a step beyond this appreciative attitude, there must be sufficiently little neurotic need in a chaplain to "be loved" that he is able to recognize and to accept evidence of a patient's hostile feelings toward him. Sometimes the hostility is a neurotic transference of feeling which was directed originally toward an authoritarian person in the patient's past. Sometimes it is a realistic reaction to a deficiency in the chaplain. In either case, the "saving force" operates in the relationship at this crucial point, only if the chaplain is not suffering from a need to appear "omnipotent" in the patient's eyes. It can be a tremendous experience of emotional re-education, if a patient discovers that his angry feelings do not bring the retaliation or moral censure that he has always feared and received.

Although there had been clues of the patient's mixed feelings toward the chaplain from the beginning of the relationship, i.e. his compulsion to be meek, affable and to do whatever he thought

the chaplain required of him, the chaplain waited until the sixteenth interview to focus the patient's attention on the fact. Even then it was done in such a way that the patient could deny it comfortably, if he were not ready to accept the fact. He responded by saying that it was true that he had feelings which he could not express toward the chaplain. If he did express them, the chaplain would stop calling on him, and then where would he be? He was asked why he felt so sure that the chaplain would walk out on him. In the next interview he faced these hostile feelings toward the chaplain more frankly. He expressed the fear that he might lose control of himself and hit and kill the chaplain. The irrational nature of this fear of violence was discussed and the patient was asked to think about it.

The fact that his angry feelings toward the chaplain had been accepted without the dire consequences which he had feared, enabled the patient in the next six sessions to confess with real sincerity and intensity the angry feeling which he was harboring toward everyone before whom he felt the need "to crawl." With it came the realization that he did not need to fear them and therefore did not need to humiliate himself before them and therefore had no more provocation for hating either them or himself. He saw for the first time that his own thoughts and desires were worthfully as much as those of anyone else. The experience in staff meeting of having the doctors show real interest and respect for his thoughts and feelings furthered this realization of self-worth.

Once the "saving force" in the patient had faced and worked through at least some of the anxiety involved in his father relationships, it turned toward solving the deeper source of his anxieties. Although the chaplain should have been alert to the clues that forecasted this change of direction, he was not. He was caught by surprise when the patient brought out his painful feelings surrounding the neurotic attachment to his mother. This is striking evidence of the dependability of the "saving force" in the patient to guide the counseling process, without the direction of the chaplain. The next six sessions were devoted to the patient's gradually freeing himself from the dictatorship of his mother's neurotic love.

It has been said that the relationship was cut short when both patient and chaplain left the hospital. As it turned out, any future growing which the patient was to do was entirely on his own. The one time when the patient felt the need of help with rising anxieties, the psychotherapist to whom he had been referred was unable to

see him. This was when he was facing the step of going back to work. The old anxieties began to frighten him. He worked them through by himself, however, so that he went back to work and has not missed a day for nearly two years. He wrote that once he was over that first big hurdle of facing the boss, he has gone "from victory to victory." In a letter, he himself had some thing to say about the "saving force:"

"I thought at times when you were working with me that you perhaps were becoming discouraged with the results. *Sometimes forces that make for health are at work beneath the surface that are not evident at first.*"

WHEN IS COUNSELING "RELIGIOUS"

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When the subject of counseling is presented to a group of ministers, the question "What makes counseling 'religious'?" eventually arises. There are clergymen who feel that in counseling a minister must pray, or talk about God, or give advice on moral problems, or otherwise inject ideas of a religious nature into the situation. If this is not done, the work may conform to principles of psychology, but it is not religious, and the minister is not fulfilling his function. On the other hand, there are clergymen who hold a different view. They say that such things as the attitude of the pastor, the fact that two people are seeking the truth about one of them, the fact that counseling deals with motivations and dynamics of living makes it religious. To these clergy, the process is religious in its nature; religion does not have to "be brought in."

It is the purpose of this paper to discuss this conflict from one angle—that of the nature of insight in the counseling process, recognizing that this is only one possible approach to the consideration of this problem.

I.

A good point of departure is the clarification of the various levels of insight as we find them in counseling. The first level is the awareness that something is wrong, that a problem exists, that help is needed. Until a person has this, he is not a suitable subject for counseling. The avenues for arriving at this insight are numerous, and may or may not have any relation to the counselor himself. At this level the individual simply says, "I have a problem. I need help. How can I get it?"

Anyone with experience in a psychiatric hospital knows the frequency with which this level of insight is used as a test of a patient's condition. The patient who does not know he is sick is always considered more hopeless than the patient who knows he is sick and who wants to do something about it. The same idea has been prevalent in religion, stated in different terms. A person has to be aware of his need for salvation before he can be saved. Likwise, in counseling a person must be aware of his need before counseling can begin. This is the first level of

insight.

There is no particular therapy or change connected with insight at this level. Many people go through life at this stage. They know something is wrong, and they may go from minister to minister seeking help but not finding it. Or they may give up and say that there is no use. They have tried to solve their problem, but without success. Failure is accepted as indicating that there is no cure.

A second level of insight develops in the counseling process itself. This level locates the problem in terms of the internal personality structure or in terms of interpersonal relations. An example of this is a young woman who first saw her problem in terms of sleeplessness, irritability, and tenseness, but who on this second level began to locate the sources of her symptoms in her relations with her mother and with her boss.

This level of insight brings a person to see his problem not only in terms of objective relationship but also in terms of his subjective response to that situation. Thus a young woman who became disturbed during a church service first felt her fears were in relation to God. However, she soon came to see them as originating in her relationships with her father. He had been a very cruel, tyrannical person. It was with considerable difficulty that she came to recognize that the basis of her fears was not only in her relationship to him, but also in her hostility toward him. She had a violent hatred for him which in turn made her feel very anxious and guilty.

The way in which this level of insight develops varies with the individual. Some begin with their feelings and go on to the objective relationships out of which the feelings grew. Others begin with an objective situation and go inward to their feelings. But counseling which leads to a solution of problems involves each of these aspects seen in their dynamic relationship. Any attempt to deal with a feeling without discovering its relationship to an objective interpersonal situation is futile, though it is common in pastoral counseling.

This level of insight is a step in personality growth. It involves the facing of issues which the person has been unable to face. It is usually accompanied by some release of tension.

A third level of insight goes a step deeper into the personality structure. It involves an awareness of the ways in which the person has handled the conflict within himself. The second level may be said to get at causes; the third to understand the conse-

quences. This discovery of consequences must be specific if growth and solution are to be reached.

A young woman comes complaining that her life is gradually growing ineffective. She has an excellent position, but is dissatisfied with it and her relationships in it. Her religion, once very helpful, is losing its power. She finds herself constantly thinking rather than acting. She has the idea that thinking is enough, but dimly knows that she must live and act also.

Counseling brought out an identification with her father who had never acheved any real success in his life. It also brought out a deep resentment toward her mother. She had developed a defiant attitude toward God as the result of her mother's death when she was about six years of age. On the other hand, she had read deeply in religion, especially books of a devotional nature, and had developed intellectually what was to her a rather satisfying positive relationship to God. She came to this third level of insight as she discovered that her intellectualization of religion was really her way of covering up her deeper emotional attitudes and that much of the ineffectiveness of her life lay in her inability to express her real feelings in personal relations. She utilized her good intelligence to cope with emotional problems in terms of ideas rather than in terms of real relationships. Her personality was suffering seriously from this pattern.

Many illustrations might be given. People often begin counseling by outlining a series of situations which the trained counselor immediately recognizes as symptoms. Thus a girl whose wedding date is approaching comes with strong anxiety. She had no idea of the cause of the anxiety. She is unaware of any feeling about marriage that should cause them. But she gradually becomes aware of a deep guilt about sex produced by her mother's attitude toward some childhood sex experiences. The prospects of marriage brought these conflicts to a head. On the other hand, there was a drive to get married which was in part an attempt to deny these feelings.

This third level of insight has a definite relation to growth. The elmination of many "problems" which are really symptoms is achieved in this way. With this level there comes more emotional release. The release of guilt is often dependent on insight into the reasons for the acts which created the guilt.

A final level of insight has to do with solutions. Sometimes the actual solution is reached in action before it is formulated in ideas; sometimes ideational formulation comes first. Many pastors

have tended to over-emphasize ideational formulations and have been premature in urging them. In some situations there are definite actions to be carried out; in others solutions arrive more in terms of new and more mature attitudes which express themselves in every aspect of life. The actual solution may not conform to a preconceived ideal, nor may it always conform to the counselor's idea of what might have happened. It may be the best possible. But successful counseling arrives at a place where the person is able to cope more adequately and meaningfully with something that he has not been able to handle before. The significant change is always within the person.

It will be observed that any of these levels of insight may be expressed in ethical or religious terms, or in terms of a purely psychological nature, or in ordinary every day language. Each counselor must decide for himself whether he will evaluate his counseling according to the terminology used or the results achieved in terms of personal growth and maturity. There is a serious question as to whether the use of ethical or religious terms insures ethical or true religious results. The counselor must be very sure of the emotional value and meaning of whatever words he uses, both to himself and to his counselee. A moral imperative may be pronounced in a very immoral manner and with decidedly harmful results. It may express a dominating attitude on the part of the counselor that injures the counselee. Part of the conflict in the minds of ministers about the religious element in counseling will be resolved only as they themselves gain insight into what they are actually trying to express through their own formulations. Uttering a religious formula does not produce the experience.

II.

A second avenue of approach to our problem is through considering the nature of insight. What is insight? Insight is the apprehension of reality, both internal and external, with sufficient emotional and intellectual clarity and intensity that a person becomes free to grow, and thus make changes within himself and his inter-personal relationships. True insight is therefore dynamic; it serves the need for change and growth within the personality. This is true on all the levels. A person gaining real insight into the fact that he has a problem is moved to do something about it. As he gains insight on each succeeding level he feels moved to go on to a final solution, or to what for him is a satisfactory solution. In counseling, people frequently express

the idea that they have gone thus far, but that they have not yet gone far enough. Going further presents problems, and some turn back. Their insight is not strong and deep enough to overcome resistances to further progress. Perhaps for them they have gone as far as they can at that time. Six months later they may come back in a mood where they are ready for another step. The achievement of real insight is probably never a completed process; no mind has ever fully grasped the entire meaning of the reality in its experience.

It takes considerable background and experience in counseling to get to the place where the counselor loses the beginner's preoccupation with techniques and psychological mechanisms and is able to perceive the real person with whom he is counseling. When he arrives at this point he becomes aware that he is not dealing with merely subjective phenomena. He becomes aware of a person who is in himself a dynamic configuration of what may be called subjective and objective factors. The counselee himself is often aware of this and sometimes states it explicitly. When he talks about his fears he knows he is afraid of something. Fear does not exist in a subjective vacuum. The same is true of guilt and hate. When he talks about an attitude such as over-dependence it is always in relation to something outside and beyond himself. When he talks about his defensiveness or escape tendencies he implies and sometimes states explicity a defense against something or escape from something. One cannot touch a real person at any point without meeting a dynamic configuration of internal and external reality. It is a shallow view which sees insight as merely "subjective," and then demands that an "objective" ethical or theological view be added.

The counselor who gets to the real person finds this principle expressing itself in several ways. When a person arrives at insight into himself and the meaning of his own experiences he also arrives at insight into the experiences of other people. A young woman arriving at insight into her own fears of sex and how these fears operated to produce physical symptoms, came to understand similar symptoms and fears in her mother. The fact that she really understood her mother and was not just "reading into" the mother, was demonstrated by her change of attitude from extreme intolerance to tolerance of her mother's behavior. Other illustrations could be given. The point is that insight into self brings insight into the nature and structure of life. While persons are unique, they also have much in common. Insight allows

a person to accept both the unique and the common in themselves and in other people. The reality which is one person is also a source of revelation of the reality which is other persons. Again, to interpret a person as "purely subjective" is to take a superficial view.

This principle carries a step further in pastoral counseling and in much counseling that is not "pastoral." Implicit in true insight into self is insight into the ethical and religious structure of life. This does not mean that the counselee will accept or will be helped by the counselor's formulation of the ethical and religious structure of life. We need to keep our attention focused on the fact that true insight is the apprehension of dynamic aspects of life, regardless of how these are formulated or verbalized and that it arises spontaneously from within the person. Thus a person who sees that he has been hurt by certain attitudes in others will also quickly see that the same attitudes in him will hurt others. He does not want to be hurt; therefore, he has no right to hurt others. Or, he discovers his need to be loved, and goes on to see that this requires that he love others. Insight thus undercuts moral precepts and reveals the ethical structure inherent in all persons. Giving moral advice may block this deeper level of achievement.

On the theological level the dynamics of insight follow the same principle. The counselor may verbalize many religious ideas for the edification of the counselee. The counselee may accept, reject or remain indifferent. Either of these may result in a deepening of the problem, or at least, in the erection of more defenses. Mere verbal agreement does not produce growth of personality. But the counselee may see in his relationship to God the same pattern that he expresses in relationship to himself and other people. Thus a man who felt "contentious" and who "fought with the preacher every Sunday when he mentioned God" commences to gain insight into the meaning his reaction. Why did the mention of God bring up so much hostility? He began with his feelings of hatred for his father, discovered that he also hated himself and then carried his insight on to his relationship with God.

On the positive side, insight into self frequently is accompanied by insight into the way in which God works in human life. The Christian belief that man is a son of God implies that the deeper we understand the nature of man the deeper we understand the nature of God. This is demonstrated in counseling. A person who comes to see the destructiveness of hate in his life

nd the creative power of love comes to understand the meaning f love in the nature of God. A young woman whose conscious ttitude toward God was one of submission while her deeper ttitude was one of rebellion came to the insight that God would ot force her to change these attitudes. God did not work that ay in human life. The decision was in her hands; the consequences ould also be hers. She thus discovered the real meaning of reedom in a way that any pronouncement from the counselor ould never have brought home to her. In short, when a person ets to his real self he is not dealing with something apart from od as an objective being. He is dealing with potentialities which perate in and through him, but which he knows are not of his wn making. He feels himself to be part of a large relationship. rowth and change may take place far beyond the capacity of his conscious effort to produce. The kingdom of God is indeed within nd when one gets to the real person it is discovered. To know neself is to know God.

The following excerpt from an interview with a thirty-year old woman illustrates some of the things we have been saying. It is reproduced from a record written during the interview and is used with permission.

CE: Last night I discovered who I am and what I want to do. My strivings don't seem to conflict any more. I see the problem in relation to my husband now—I had to help myself first before I could help him in kindness. I don't feel inadequate in situations any more. I feel I can make people like me by being nice to them.

CR: You are aware of new positive feelings.

CE: Yes. And there is a feeling of letting go, of being relaxed. I was holding on to old feelings, things I thought I needed. I see now the answer to many things is in being perfectly natural. I have confidence now.

CR: You feel able to trust life.

CE: Yes. I had a dream. I had a chart in the dream. I saw the base line at zero. I never saw that line before. It is like living, and seeing and being for the first time. I wanted to capture what felt so I wrote in my diary. I feel my real goal is the fulfillment of my potentialities. My place in life is where my heart is, and that leads directly to science. The key to it all is love—It seems that God is so close and so real —Like a silent partner or a friend who communicates with you without words.

CR: Part of your positive feelings is one of God being real.

CE: Yes. I seem also to be lifted from reality in one sense. I do not fear or hate it as I used to; I just know it. It seems to have lost its claim on me. And I feel so much better. I reached a sort of a semi-peak before. God wasn't real then. I see now that his way will be there whether I live up to it or not. It will be there.

CR: You know God's way is there whether you live up to it or not.

CE: Yes. If I ever slip I will know my way back—through relaxation—through being what I was meant to be.

CR: You feel confident of that. This is what religion has meant by faith.

CE: Yes. It is amazing that I didn't see that before. I was brought up religiously. But I had to find myself. It had to come through me. Rather than accepting a faith that was made for me or presented to me. Before I had tc find escape in religion from time to time. It wasn't a real expression of all of me. I never let go. I still clung to my hurts, my fears, my life.

CR: Now you have let go.

CE: Yes. And I feel so many counter balances. I let go what I thought was me but I found the real me. The loneliness I have now is my own individuality—it is so different than what I felt before. I feel an individuality now, but also so much a part of everything.

This material is cited to illustrate, not to prove. There is more than one approach to the question, "What makes counseling religious?" Here we have tried to indicate some elements in the nature of insight which in themselves are deeply ethical and religious. It is the content of insight, not the forms in which it is expressed, that is significant.

"DATA" AND THE PSYCHIATRIC PATIENT

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What I say today is not news to any one of you. It is, very imply, that judgments of our fellow men are of necessity as imerfect as ourselves. The judging we cannot usefully avoid, but hat which we do may well be left open for review and evaluation y any who will pause to observe.

I wish to tell you of some aspects of my dealings with a patient, harles. Four years ago I first heard of this man through a physiian's letter of referral. It was stated that Charles was white, nineeen, the younger of two brothers of superior intelligence in an pper middle-class family. His development was reported as unventful until his eighteenth year, when he seemed to change. He lept poorly, he was irritable, his school marks declined, and he egan to avoid his associates and members of his family. His inreasing isolation was finally noted and attempts were made to orrect it. He was sent to vacation at a mountain resort, new riendships were promoted, he attended a new school, and he was dvised to show more interest in a girl friend. For a time Charles eemed more active and cheerful—but ate very little and lost weight alarmingly. An internist was consulted and the young man seemed to improve under the special diet, the vitamins, and the directions about rest and exercise. The improvement was brief. Charles was noticeably preoccupied and depressed. His mother encouraged him, and assured him of her affection. He responded by suddenly hitting her and then tearfully, shamefacedly apologizing. That night he attempted suicide.

A few days after receiving the letter I met Charles. He did not want to see me but was persuaded to do so by his parents and the family doctor. He seemed composed, smiled blandly, and assured me that he suffered from nothing that could rightfully be entitled a "problem in living." True enough, his appetite had been rather poor and he had lost some weight, but all this was on the mend. Yes, he had pushed his mother in a moment of irritability, but most certainly had not struck her. He was a bit ashamed of all this, but considered the account of the entire matter to be grossly exaggerated, as well as being too personal for revelation to a

* This paper was read at the Twelfth Annual Meeting of the Medical Society of St. Elizabeths Hospital, Washington, D. C., April 29-30, 1949.

stranger. Life at home was fine. Mother and father were very good, and with his older brother—who was married and lived in a distant city—he had no quarrel. If he had troubles they were not worth discussion and he had definitely experienced nothing that could be labeled as delusion or hallucination. Charles was polite and somewhat bored, and on his leaving I felt quite unsatisfactory and inadequate.

I next interviewed Charles' mother. She is an intelligent, rather attractive woman who expressed great interest in, and love for, her son. She was content with her husband, the home life was unmarked by dissension, and in this family group there seemed nothing to justify worry. Charles was very dear to her. He had always seemed happy, had been very close to her, and until quite recently had "told her everything." His behavior during the past year seemed quite incomprehensible and she wanted help in understanding him. She was certain that Charles didn't mean to hit her, as he loved her and knew very well how she suffered at any unhappiness of his, and how readily she could forgive any thoughtless or impetuous act of his. She was quite sure that everything would come out all right.

Father was busy but did find time to discuss matters with me. He was concerned over the course of his son's behavior and contrasted it with the allegedly more responsible and mature functioning characteristic of his own youth. He said that his financial position was good, that the home was comfortable and pleasant, that his wife was a wonderful woman, and that he had given his sons "everything." Perhaps he had been too lenient and has "spoiled" his younger son. Charles had not seemed to improve by taking trips and maybe he really needed a job of manual labor wherein he might "learn what it is all about." He expressed faith in "dynamic" psychiatry and at the same time wondered if his son had a brain tumor, suffered from some unknown head injury, or carried some inborn defect. Such things came to his mind because he "knew" that his son's difficulties could not arise from the happy and loving home that he described.

The brother had a good war record, is married, successful in business, and rarely visits his home. He wrote briefly to say that Charles had always seemed "O.K." to him, but they had never known each other very well. The home was "fine," as were the parents, but he had been so busy that he spent little time there, being away at school, in the military service, etc.

A social service report described the family as composed of

onest, law-abiding, decent citizens. Mother was said to be gentle nd sweet. During recent years she had not participated very ctively in the community's social life, and it was thought that her ealth was in some way delicate. Father was known as a capable, olid businessman who very definitely had his feet on the ground. Brother had been away from home several years, but was remem-ered as a respectable somebody. Charles had always seemed all ight and had never been in any "trouble." The report seemed ather impersonal and I guessed that the community's picture of he workings of this family was somewhat vague.

Now I could be a bit puzzled. It was not easy to make sense of he data at hand. The parents had been cooperative with my nvestigation, and had appeared intelligent, sympathetic, and ap-roachable. The home and the family life were said to be happy nd to be rather representative of the acceptable in the community. But from an environment of love, opportunity, physical comfort, nderstanding, and community approval comes a man who acts as f his associates were threatening, who neglects his scholastic and ocial obligations, attacks those who love him, and attempts to ill himself.

Again I saw Charles. He knew I had talked with his parents. Ie insisted that there was no need for our meeting and that there eemed to be nothing to discuss. After some questioning by me he ecame irritable, saying that he thought very little of what he had een of psychiatry and considered his parents to be interfering 'makers-of-mountains-from-mole-hills." My next step was one of vhich I am not proud, but cannot deny having made. I noted to Charles that from all reports he had a pleasant home, that his arents seemed very much concerned with his welfare, and that ossibly he failed to see that life had much to offer a young man f his talents and opportunities. At this the talented young man of pportunities seemed to draw himself together, his irritation assed, and he thanked me for my careful observation and my help —quickly leaving the office as he did so.

For two years I heard no more of Charles. Then—for reasons ot very clear to me in view of our first apparently unprofitable con-act—he was again referred to me for treatment. I learned that he ad failed in his school work, had again made a try at suicide, had een hospitalized, and had received both insulin and electric shock n attempts to treat a disorder now classified as schizophrenia.

Who was this man Charles with whom I now hoped to collabor-te in seeking for some useful understanding of his increasingly

disastrous way of life? I recalled the account of happy home and helpful parents. Was there some defect in germ plasm to "explain" such personal poverty in the midst of plenty? Was there some inborn taint, some constitutional factor, some trauma to the brain secondary to physical force, bacterial or virus growth, or subtle chemical influence? Were there degenerative changes too obscure to be identified by current techniques of investigation?

What of the data already at hand? Were such data complete and accurate? There was superficial agreement in the material from the various informants, but was such agreement in favor of or against the validity of the proposition that life for the patient had been so pleasant?

I recalled the remark I had made to Charles two years before. I had suggested then that his parents were considerate and understanding and that his opportunities were numerous. What could such comment mean to this man? To account for his unhappy life —if what I said were true—he might conclude that he had some terrible "disease of the mind" which had arisen mysteriously to strike him down—illogically, unpredictably, incomprehensibly to ruin his youth. He could guess that he was evil, or weak in strength of will—and thus had failed to appreciate and grasp the good things so available to him—and seemingly so well used by his brother. Or he could assume that these horrors of life had been visited upon him by "people"—those strangers who were with him and yet apart. In any case there was little room in which to encourage the growth of self-esteem, and the data would appear to be inadequate, in error, or misinterpreted. I suggested this to Charles, and noted that I seemed to have been somewhat premature in making judgements. He did not disagree and for the past two years we have been exploring together some aspects of his past and current living. The work goes slowly and Charles has been distant and suspicious—as one must be in a world of personal ruin.

As the months passed I began to get some hint of what Charles experienced when inadequate data were accepted as in some way final or fully explanatory. With such presentation of data to "explain" behavior, the patient was invited to enter further into a nightmare where he would be faced by irrational authority, plausibility, unanswerable "facts"— where he could know that explanations were inadequate but be unable to formulate any more satisfactory—where he could conclude that his inability to understand was further confirmation of his low state or of the general malignancy of humans. If the data accepted were accurate—and there

was considerable agreement in the reports from mother, father, brother, and the social worker—he must be malicious, strangely evil, hopelessly crazy, or in some way not quite human.

Charles knows a great deal about this business of being misapprehended, without knowing how to correct or avoid it except by retreat. He knows the aloneness and the growing terror, the living in a world peopled by those who listen but do not hear, who speak but do not communicate, who demand affection but do not give tenderness, who invite closeness and cannot tolerate intimacy, who smile and frown and sneer and laugh in a fashion perpetually and hopelessly inappropriate, who insist that they love but do not notice the pain of the loved one, who encourage the accomplishment of the impossible, who proclaim that there is hope while their own lives so clearly act out despair. He knows all this so well that he has come to live on the alert, expecting to find in all humans that destructiveness which he found in a few. It is not difficult for him to discover in many of his fellows some characteristic threateningly remindful of his humiliations with people—and once such idiocrasy is noted he does not long pause to see what else a man may contain, but is aware only of fear, suspicion, and the need to run. So Charles left quickly at the time of his second interview with me—having "seen" to his dissatisfaction that the doctor was blind, devilishly ill-intentioned, or a fool. His act of departure was reliable data—it told much of Charles and suggested that I had need to look about me.

We had heard that Charles was well liked and had many friends. But it was increasingly evident that he was lonely and had felt isolated for years. In our group one must be popular—it is not good to be alone. Not to be acceptable to one's fellows is to be inferior, defective, bad—and the lonely youth conceals his aloneness as best he can, and thus nurtures its increase. Charles hid his lack of friends in the midst of acquaintances and attempted to ignore his isolation. During these past two years he has become more aware of being alone—and it is indeed a painful topic to discuss. He would know that he is a man of low estate—not significant enough that his despair could be noted by his parents—and the community and his doctors had seemed to support and approve of those parents. The words "popular" and "well liked," first used as data to describe the patient, now seemed to be equivalent to unnoticed and disapproved.

Charles often acted as if the word love was a threat—he shied away from conventional expressions of affection as one

would turn from indications of contempt, or dislike, or hate. He ducked a pat on the back as some might cringe from a blow. With additional information the definition of the word "love" became more clear. It included the giving of housing, of food, of clothing, of a good school—often better than that enjoyed by his fellows. But somehow "love" did not mean intimacy, or personal talk, or comfort with another. His parents spoke of loving him, but acted as if he made them anxious and uncomfortable. Much of what the parents did made him feel inadequate and unwanted, but he felt confused as this behavior was labeled love.

It now seems useful to review the information that was first obtained from relatives and referring physician. In doing this it becomes more apparent that in terms of what we are learning of human development certain of the data as stated very probably could not be just so, but the fact that they were thus stated became in itself helpful datum. Other information made sense only as we learned more of our patient's life, becoming meaningful as it fitted into context, but from the first serving as a clue to that life and that context.

In the letter from the doctor we heard that Charles' development was uneventful until the eighteenth year. If past experience had any significant relationship to current catastrophe, the word uneventful hid facts, or the import of certain occurrences was not appreciated by the informants. What were the "uneventful" first seventeen years of this man's living? With what still limited material is currently available, we can say a little more of this.

Charles was a "good" baby and a "good" child, by which is meant that he was rather exceptionally obedient, displayed no crying spells or temper tantrums, and was noticeably quiet. He shifted from mother's breast to the bottle at six months without reported difficulty, was toilet trained at an early age, and was neat and clean. He played peacefully with neighbor children, but much of this play was at his home and under mother's supervision. At the age of ten he had a series of nightmares and wanted his mother to sleep in his room. She did this on a few occasions but never learned why her son was afraid and at present he does not recall the difficulty.

Contrary to the experience of many children Charles did not participate in play with a gang of boys and seemed to be "more mature than his years," often preferring to read in his room or be with mother. Although he had friends, he had no particular pal—no one in whom he confided without fear of losing status.

Before he was eight he did talk a little to mother, but thereafter seemed more aloof and self-contained. He did not speak to his parents about his difficulties and they acted as if this were proof that he had none. The good child was one who did not bother others—and Charles received great encouragement to conform to this definition of goodness. Thus it might seem at first that unlike his fellows he had few difficulties in growing up—matters of intimacy with others, of fear, of doubts, of prestige, of insecurity, of lust, etc. were not discussed and were treated as if they did not exist or were to be solved in some magical fashion. How could this occur? No one said that such things could not be talked about, but there never seemed to be quite the proper time for them. Charles learned at an early age that mother appeared to withdraw when certain topics were approached; she looked worried, said that she wanted to help, and one felt that something was about to go wrong. She became anxious, insecure, and her sweet and often insistent "Tell me all about it"—or "Ask me anything"— sounded more like "I'll try to bear what you have to say"—or "Ask me anything even though it kills me when you do." Father was very businesslike, but the concerns of his younger son did not get noted as affairs of business. Charles' questions and statements were not numerous, became more impersonal, and were automatically edited. Like his parents, he came to believe that he had little to ask or say.

Charles knew a few girls and went to a number of parties. He was informed of the "beautiful facts of life," but was never able to relate such accounts to his own genitalia or his feelings of lust, which latter were phenomena not to be noticed and were somehow unfortunately bad and uniquely characteristic of him. It was becoming vaguely dangerous to talk to people. What he said seemed to disturb his parents and he had little experience that others were different. Talk was not so necessary and he could solve things "in his own mind." But in doing this he felt increasingly unique and unlike others—and this feeling did not encourage further speech. He was becoming cautious. He had learned that what he said and did often made mother (and, by assumption, all others) uncomfortable, and this discomfort of others became his own. He guarded against such anxiety—and became good, and careful, and not troublesome. One learns of the world by exchange of ideas with those who live in it. Charles was attempting to learn without participation—by distant looks, by guesses, by indirectness, by imagination—and there was much

of human living that was becoming closed to him.

It is becoming evident that the words "normal development" meant being good and not being troublesome. They did not mean playing with a gang, having a chum, dating a girl friend, talking about or investigating sex, or being openly curious about the complexities of existence. Charles often acted as if he were remarkably incurious. To question, to look, to discuss had become unsafe.

In adolescence Charles learned much from books and received high grades in school—but of people he only found further evidence that they were dangerous, superior or inferior, and indifferent to him. When his parents noted his isolation (a rather observing teacher commenting on it to them) they encouraged new friendships and even wondered about a girl friend. This was telling the lonely man not to be lonely, without any investigation of the painful factors that favor the development and continuance of such a miserable state. Charles didn't know why people were such puzzles to him, but now that he was urged to be friendly, his inadequacies were spot-lighted. How do you make friends? How do you make yourself attactive to a girl? How do you become at ease with people who seem so comfortable, so superior, so self-assured, so much better acquainted with their fellows than are you? How can you even attempt to be a good fellow, when you will reveal your ineptness in that attempt?

For a brief period Charles did appear more active and cheerful —responding once more to the need to conform and not to bother others by being unhappy. For a few months he lived a sort of ghastly denial of his personal desolation.

He was dosed with vitamins and a special diet, there being much preoccupation of his elders with the irrelevant. By this time Charles did know that such topics as loneliness and hate were to be avoided, and that it was much more acceptable to talk of weight loss, and vegetables, and calories. No one asked the simple and direct questions—asked "What's wrong?" in a way to indicate that the listener wanted to know and could listen without fear. Instead the questions were more like—"Why aren't you happy? Haven't we done everything for you? Is there something more that we can do?" How can you reply to such questions except by voicing some sort of an apology for injuring your parents by being lonely, and at the same time feeling stupid and guilty because you have somehow failed to make use of your opportunities?

The short "amelioration" was followed by "depression"—and we hear that mother encouraged her son and assured him of her affection. At this point Charles struck his mother—only to collapse in tears and apologies. Mother said something like this: "It makes me so sad to see you unhappy. I think you know that I would do anything for you. Maybe you don't realize how much we love you—what a fine young man you are—and how people like you, if you only give them a chance. I love you just as you are."

To Charles these comments of mother sounded more like this: "You know you can make me sad by acting unhappy. Why do you do it then? You know that I would do anything to avoid seeing your misery and you have no right to make it so public that it is forced on me. You don't seem to appreciate the blessing of our love—and you are cold and cruel to make me out as a poor mother by seeming to turn from it. You must be a fine young man or people will guess that all is not well at home. But, I insist that you are a fine son because I will not be a mother to any other kind. All you need do to have friends is to use some will power and have them—and if you don't do that you are just trying to make me unhappy and are attacking me. I love you just as I want to imagine you are."

Charles often heard things this way—and on this occasion he suddenly felt great anger and hit at the tormenter who was goading him. At this the tormenter became a weeping, shocked, frightened, middle-aged woman—a mother—a badly abused and injured benefactor. The picture of mother was not yet clear to the man—she appeared as the strangely seductive and loving mother or as a monster—she could not yet be seen for the insecure, angry, disappointed woman that she is. Charles was terrified—he knew that he had wanted to kill his mother—and he suffered further loss of self-esteem in his apologies. Then mother became very helpful indeed. She said that she understood, that she knew Charles was not really angry and did not "mean" to do this, and she forgave him. Charles felt hopeless—what could he do so that people could listen to him? Mother said she understood, when she meant only that she felt noble in saying so. He had felt murderous and she "knew" he was not really angry. He had emphasized his meaning with a blow and she had been sure he did not mean anything. Where he had resorted to ineffective anger she resorted to effective nobility and forgave him. Charles felt alone and defeated—and the suicidal attempt followed. It might be said that the hate was thus turned in upon the man.

But what Charles experienced was ineffectiveness before this woman—he could not deal with her—he despaired— and there was a rage of impotence in him as he turned away from living.

We must note that in our earliest information concerning this patient we had very reliable data. The attack on mother was an attack, was evidence of violent feeling and hate. We could do the patient only a great disservice by ignoring this or interpreting it otherwise.

In my first interview with Charles he said that he could not speak of certain personal subjects to a stranger—and hence had little to say to me. As our work continued I learned how important to my patient this remark was. In it he implied that there were those in whom he could confide. This was a cherished fragment of speech, but not a delusion, as Charles knew (and as I came to know) that to him all men had become strangers.

The first meeting with mother revealed data of great import—this woman did not know—or did not dare to know—her son. She had an air of blandness, of vague, smiling sweetness and gentleness, and evidenced great concern for him. It is noteworthy that she could give little factual data about his life—she covered so much by saying it was "all right," or "just lovely," or "perfect." Charles had of necessity experienced a miserable series of events to arrive at his present disaster—but his mother seemed unaware of these. It was not that she had contradictory evidence to present —she simply had little to report. Her child's life had passed unnoticed. Her world was misty, unclear—and she heard and saw things in a detached, distant, frightened manner. She could not admit her son's anger, she was afraid of his loneliness, and she did not call his blow by its proper name. She behaved as if she had the power to alter events by ignoring them or calling them by other names.

Mother was a shadowy figure described as "fine" and "sweet," but came more into focus as Charles found it a little easier to talk. She is an intelligent, well-educated woman who is at once timid and angry. She has maintained a fiction of living, protecting a myth of happiness, despite the evidence that her life seemed to be a series of frightening, much resented compromises. She had once been ambitious—socially and in her long-ago abandoned profession of teaching—but this seemed in some way lost in marriage and buried in a sort of discouraging monotony of existence. She suffered with vague physical disorders, struggled with the housework, helped with the church activities, worried a great

ideal, nagged quite a bit, and was chronically amazed and perplexed at the phenomena associated with the growth of her children. Her husband appeared distant and dissatisfied—but she never got clear as to the nature of the trouble. She acted as if she did not notice when things went wrong, and it came to be accepted as natural that husband spent more time at his work, that there was very little conversation in the home, that the oldest son was usually away, and that Charles was often alone in his room. She did good deeds at church, was impressed by the many evidences of evil in the world, thought much of heaven, stated her position as a happy one, and was so distressed by distress that her sons and husband "protected" her and did not bring their grief to her. But they brought nothing else, and she began to abdicate her position as mother.

This mother was not a liar—she was afraid and had come upon a way of conveniently and dangerously overlooking the unpleasant. Her husband was a stranger, and her sons were like her —smiling, and distant, and unnoticing. If she failed to see Charles —he responded in kind and did not know his mother. She was increasingly afraid in her world of the incomprehensible, and could not but deny the fear—as she guessed the panic that lay behind. She spoke of "things coming out all right" in the face of evidence that they very often came out all wrong. She was tiptoeing through life, holding her anxieties close about her in a shaky equilibrium, too preoccupied with her own tottering self to notice anything else.

When we had first seen father, he had contrasted recollections of his own youth with what he guessed his son's to be. In this contrast he disparaged his son as being less virile than he. Here was useful data. In his marriage he had made great compromises, but was helpless before the sweetness and the suffering of his wife and had long ago abandoned any idea of separating from her. He no longer was very sure of being a man and he often thought of earlier years when he had been more independent and had not felt so vaguely afraid. His fight was with his wife—and his mother before her—while his son was largely ignored or used as a weapon in the tedious years-long battle.

Father spoke of "spoiling" Charles, thus expressing contempt for one so weak that he could be ruined in such a way. It was necessary for father to use the word "spoil"—it was more pleasant to think of crippling a child by indulgence than to know that he did not support his son against his wife, and that he was of no help

in the increasing loneliness.

Father was lonely also. When Charles was ten they went for walks together, played golf, and tried to talk. But father was trying to help a lonely son, and Charles was very suspicious of "help"—and was embarrassed by his parent's need for companionship. There was no adequate background for this association and it failed. Father and son were made uncomfortable and distant by seeing themselves in each other.

Now father could be seen somewhat differently. He had married young, was successful in his business, and believed that somehow he had expected too much of marriage, of his children, and of his wife. He vaguely guessed he had failed in some ways, but didn't know what to do about all this. In the past he had occasionally felt angry at his wife, but she was too gentle for him to express it to, and he experienced something like guilt. He so frequently felt as if he had just done, or was about to do, some wrong—but such things were never quite clear and he found some relief in fatigue and in his work. A mistress was not really helpful. He did dream of killing his wife, and this was told in the family as a funny anecdote that showed how remarkably unrelated were dreaming and actual living. That which was serious could not be taken seriously. As with his wife, the unpleasant was increasingly disregarded.

Charles needed a friend, but was increasingly wary of that which he believed he needed and wanted. The friendly and the hostile seemed disturbingly alike. He was indeed seriously crippled for life with his compeers.

More data came from visitors to the sanitarium. Mrs. Jones described Charles' mother as sweet, but somehow distant and difficult to know. You felt sorry for mother, and supposed you should do something for her—but you didn't quite know what the trouble was or what to do, and you usually ended up by guessing you had in some way done the wrong thing. Miss Smith said Charles was "O.K."—but remembered he had seemed aloof and rather a sissy. She agreed that he was a splendid person, but did recall that he was frequently unnoticed by his contemporaries. Father continued to be described as "fine" and "honest"—and too busy to know very well. The community praised this family—and at the same time seemed to avoid any but the most formal contacts with it.

From all this emerged the picture of a group skilled in ignoring and distorting certain aspects of their living. At first glance

om a distance it was not easy to observe all the subtle ways of isparagement so skillfully and automatically used by those who e caught in their own despair regarding human relationships. The neliness, the isolation, the submerged anger, the chronic strug- lings of those unhappily bound together were convenient and mple to overlook. But Charles obviously lived in a miserable ashion—and he had learned to live in that family. It was evident hat our original data was not complete—but we have seen that was usefully suggestive.

Charles had lived in a conspiracy of silence. The myth of the appy home was maintained and ably supported by the community. he great virtue was to be one who did not "bother" others. ather was careful not to bother his delicate wife. Mother did not other the busy, fatigued, irritable husband. The children didn't other anyone with problems of sex, of school, of plans for the uture—and certainly didn't bother anyone with how they felt bout things—how lonely they were becoming. The family was areful not to bother the community, dreading a loss of prestige nd taking an unhappy pride in what they liked to refer to as elf-sufficiency.

The community didn't bother the family either. The com- nunity wanted to be represented by a comfortable, happy house- old—and invited no revelations. Discord, loneliness, misery, hate, misunderstanding—all could be seen as threats to the current order of things and their interment was approved.

There might be some marvel that one brother was "sick" and he other "well"—but the environment—and the experience of it— ould not be just the same for these two.

And what of the physician's collaboration in this conspiracy of silence? It existed. At father's insistence we searched for this and that, agreed to vacations, reassured the patient and the parents, and seemed to agree that loneliness and gross distortions in living could arise from security and understanding. I had spoken of the parents' love and support and acted as if I were afraid to face the life that Charles knew so well.

With time Charles' own story of his life shifted. He had described his parents as wonderful, and then came to look upon them as horrible, threatening, and totally disastrous. Old data were reworked, new data were collected, and the parents grew less wonderful and less horrible, beginning to appear as they probably are—alone, unknown to each other and their children, frightened, angry, and too bound by their anxieties and insecurities to free

themselves. What of the data was correct—and what wrong? None could be wholly wrong or right. Situations are different when viewed from different vantage points. Each observer had necessity to find in a situation that which he needed. The data could become useful only as we considered the observer and learned more of his needs.

The person Charles is still largely unknown—and will never be entirely known. But large areas of his living can be explored in detail—and such collaborative exploration can be the basis for expanded living and dissipation of the anxiety so destructive to human relationships.

We psychiatrists—with many others—are on a course together. It is a course of responsibility—seeking for a greater understanding of ourselves and our fellows—the one being a function of the other. Such understanding has as a background, the gathering, sifting, and constant evaluation and re-evaluation of data. Common sense—noted by Einstein* as nothing more than the accumulation of prejudices laid down in the mind prior to the age of eighteen—is very often quite unsatisfactory when used as the basis for judging our fellow man. Fireside stories and tales of wonder are dangerously unreliable as sources of data for the evaluation of human performance in the world today.

Judgements or estimates of human behavior are required. To do this work we cannot delay until some time when our means of observation are greatly improved. We must use what tools we have now, always studying their degree of reliability, their deficiencies, their good qualities—always being suspicious of any great readiness of ours to change or to resist change. As we judge we judge ourselves and reveal to the world how we have been judged, and what we believe of ourselves.

In our discussion of Charles we have noted some of the more common problems relating to the assessment of data relative to the behavior of people.

We may anticipate that the patient will give us data of a kind—in which much of the significant will be distorted, hidden, and meaningfully revealed only as additional data is gathered to provide the proper context. We also note that our patient may know life only as it has existed in his home or narrowed environment, lacking the opportunities to make comparisons of his family with the families of others. Note, too, that such comparisons are not easy to make if in doing so he is made to feel inferior, insecure, and anxious.

* "The Universe and Dr. Einstein," by Lincoln Barnett, 1948, p. 52

The parents—the significant adults—have much at stake. By the difficulties in the home they come to feel threatened in the community, and may react with fright and blame. Thus the tragedy of the child may be attributed to trauma (as some blow on the head), to a social disaster (such as disappointment in love), to the action of a group (such as membership in the armed forces during war), to a disease (such as encephalitis or a brain tumor). or less often to hereditary or constitutional defects. All these may be easier to use as explanations, than to see in the disorder of the child the disorder of the home and a caricatured reflection of the lives of the parents.

Families also may have little reliable information on the living of others and may look upon their own misery as life as it must be. With this in mind we cannot accept too readily the account that Charles is "doing well" at home—this may mean no more than that Charles is living as miserably as he and his family have long lived. What is called contentment and good health may be little more than ignorance and despair.

Data from those who have anxious needs to be defensive, protective, frightened, suspicious, dominating, despairing are data —useful as shiftingly representative of the source, but not as final god-given fact.

The community may see the family as its product and representative—and may deny it if too obviously unsuited—or may collaborate in protecting a delusion of its being intact and satisfactory. There is felt to be a need to defend the custom-cherished stereotypes of the home, father, mother, and child—even if these frequently are at great variance with what we observe. Like the family, the larger community may find it more comfortable and apparently simpler to label Charles as bad or an incomprehensible "nut" than to consider the implications of his being very definitely a complicated extension of his experience.

We, the judges, are also products of families and communities. We judge in terms of what we have experienced. How else? We too have needs to satisfy, position and prestige to protect; and we will select and interpret data in accordance with these needs. It is indeed useful for us to have some knowledge of how we are most likely to distort and use the material of our work. The judge comes to a judging of himself.

The physician may find it more pleasant to league with the community in an effort to keep the peace, to smooth things over, and to gain a strange reassurance from being as one with the

larger group. Thus the doctor may come to look down upon his patient, seeking to maintain a distant and unhappy superiority. And yet—the potentialities of the human are very largely unexplored and rarely realized. Our task is not to further the restriction of these potentialities, but to collaborate in their expansion.

We, too, can observe only that which we can bear to look at. Some data may make us so uncomfortable that we must ignore it, or devalue it, or otherwise distort it to fit our tolerance. Thus I may not want to learn that a seemingly loving mother may be cruel—particularly if such a concept is disruptive of some carefully nurtured delusion of my own. It is remarkably easy to be strangely incurious about such (for us) anxiety-laden information. We may observe only that which is necessary to maintain our own comfort —and in accordance with such necessity the data may show remarkable shifts and moldings.

Our attitude toward our fellows cannot be omitted in our evaluation of data. If we have respect for ourselves we can afford respect for our patient. If he is indeed our peer, accepted as a fellow human—he can be listened to—and the data will be different than that which will appear if he is looked upon as buffoon, to-be-pitied defective, wrong-doer, or some poor subject convenient for a display of our ability to be condescending and "helpful."

Are we to conclude that we have such inadequate means for evaluating the total performance of a human that evaluations cannot be made? Such is not intended. Called by any name, conscious or not, evaluations and judgements are part of our daily living. It is simply noted again that the proper source book in which to study the person is that person himself and the communities away from which he can exist only in theory. Man and his environment—man and his experience—are one. They do not exist apart.

In studying larger groups of people we can learn something from our second-hand, distantly accumulated information—but we cannot say with any degree of assurance that any one person is comprehended at all clearly as a result. It is quite probable that ways of studying such groups will be markedly improved as data is obtained from more detailed studies of smaller communities —such as the family—and the person in the family.

We can, perhaps, avoid at times collaboration in that conspiracy to keep our fellows quiet—avoid our all too common need to keep from being "bothered"—to hold our fellow man and his grief at a great distance. If we do avoid such collaboration, and

If we do study with our patients their homes, their communities, their experiences, we will come to know more fully how exquisitely our lives are integrated with and dependent upon the lives of others. We will further experience the hope that comes with the knowledge that we are indeed not alone—that we are inevitably one in a community of man.

With such curiosity about and observation of ourself and other humans, we may very well feel bothered and troubled. To look at loneliness and despair is not a pleasant occupation—but is it one that we can well avoid? It is difficult to remain untroubled —there is little in the lives of men today to make us feel complacent. Yet our self-esteem cannot but increase as we are able to look at what surrounds us and hear what is said—daring to know that in these, our fellow men, we see ourselves.

BOOK REVIEWS

PSYCHOSEXUAL DEVELOPMENT IN HEALTH AND DISEASE

Edited by Paul H. Hoch and Joseph Zubin.....283 pp.
(New York, Grune and Stratton, 1949, $4.50)

This book consists of the papers read at the thirty-eighth annual meeting of the American Psychopathological Association. As such it does not cover all aspects of sexuality systematically. However, it does assemble papers on many phases of sex written by men and women who are eminent in their particular field of study. It is not a book to disagree with, because it presents diverse opinions. It is a book to study seriously.

Kinsey and his colleagues present the first paper on the concepts of normality and abnormality, and from that paper rises the issue as to whether the actual should be accepted as normal. If not, what should be considered the norm? Abram Kardiner points out that control of the sexual drive in man is a necessity because of the gap between sexual and social maturity, and insists that material presented by Kinsey and others be considered as modal, not as normal.

There is an interesting section on child sexuality, including a study on psychologic weaning by Margaret Mead. This is followed by a series from the clinical and psychoanalytic approach, including a paper by Sandor Rado on "An Adaptational View of Sexual Behavior," in which the emotional dynamics of various kinds of sexual behavior is discussed. A paper on "Therapeutic Attitudes Toward Psychosexual Disorders" by Robert P. Knight points out the harm of so-called "strong arm" methods, and pleads for a gentle approach to persons suffering from such disorders. A final section brings the sociologic approach with papers by E. W. Burgess and others from that field.

In the Foreword the editors comment that "though we have amassed a great quantity of observations, we still lack a comprehensive understanding of sexual behavior." Any critical reader of this book will agree with the editors, but any open-minded reader will find stimulating and helpful material here, regardless of his field of interest. Certainly the book is of value to clergymen who wish to keep abreast of the increasing scientific knowledge of sexual phenomena.

Carroll A. Wise

HUMAN RELATIONS IN THE CLASSROOM, by H. Edmund Bullis and Emily E. O'Malley Course I, 222 pp. Course II, 219 pp. (Delaware State Society for Mental Hygiene; Wilmington; 1948; $3.00 per vol.)

These two volumes represent an exciting adventure in group therapy with school children. Each volume contains thirty lessons plus a number of short chapters designed as teachers' aids, for public school classes to be known as "classes in human relations." This work is the result of Dr. Bullis' efforts to devise means for filling in a serious gap in public school curricula. He is convinced that our public school system, whatever else may be its weaknesses, concentrates on developing children's intellects, and does little or nothing to help them live more effectively. With the cooperation of Miss O'Malley, and psychiatric and psychological advice, he has carried on experimental work in public schools in Delaware and in New York. From that work has emerged these two series of discussions, planned to cover a two-year period in public school curricula. When the books were published, they were already in use in over one thousand schools in the United States, Canada, Puerto Rico, Hawaii and the Canal Zone.

The lessons were designed for children in the seventh and eighth grades, although they have been used successfully with older and younger children. Bullis believes that the most fruitful time in a young person's life for introducing him to the problems of human emotions is at the age of twelve or thirteen. "Boys and girls of twelve and thirteen are old enough to have a grasp of their problems, yet young enough not to be overly inhibited about them." (V.I, p. 8)

Underlying his work is Bullis' conviction that "we are protecting too many of our children too much in not giving them enough real experience with life problems." Mental hygiene in the schools has largely been devoted to problems dealing with administration. Classes in human relations attempt to bring "the positive mental hygiene principles to normal children in their classroom." (*Ibid.*, p. 10) They seek to create real life situations which students may discuss in terms of their own problems in the same area. Through participation in these classes, students are given opportunities to consider personal emotional problems which they might not otherwise bring out in the open for examination. It is the hope of Bullis and his helpers "from their own better understanding of their emotional strengths and weaknesses that

these boys and girls completing the two years of weekly Human Relations Classes may become more emotionally mature." (*Ibid.*, p. 12)

The lessons follow a fairly uniform pattern. An introductory talk by the teacher summarizes briefly previous lessons which are related to the current topic, and sets the stage for the discussion. Next comes a stimulus story, which focuses attention on the problem under consideration. Occasionally this is replaced by a short debate or panel discussion or play presented by the students. In the discussion period which follows, the teacher is greatly aided by a number of penetrating questions given in the texts for guiding students' thinking. After the discussion is ended, the teacher summarizes the main points of the lesson, and asks the students to make notes on what has seemed important and on what benefits they have derived from the lesson. Each child makes a notebook containing his written reactions to the classes.

The range of subjects is wide. The following are some of the themes which this reviewer believes are especially well handled: "How emotions affect us physically;" "Emotional conflicts;" "Can personality change?;" "Cooperating with others;" "Losing gracefully;" "That inferiority feeling;" "Why daydream?;" "How habits rule us;" "Establishing worthwhile goals;" "Our need for faith;" "Imagination;" "Words mean different things to different people;" "Feelings of guilt" (perhaps the most helpful of the lot); "Death and our emotions;" "Envy and jealousy." This list cannot suffice to indicate the wealth of material at hand in these two volumes.

A number of the lessons contain material which this writer regards as questionable. Among those which he believes need re-working are the sections dealing with the control of anger, with cowardice, with submitting to authority (the word "submitting" itself suggests the weakness of this particular lesson), with democracy. This lesson offers some helpful insights into what democracy means in interpersonal terms, but the author weakens his presentation by dragging in the East-West conflict and demonstrating that obviously we are right and Russia is wrong. Another criticism might be directed at the fact that Bullis seems to over-simplify the requirements for a teacher who is able to make these lessons meaningful for students. After all, it does take more than a good syllabus for a teacher to convey proper emotional attitudes to students.

In his attitude toward his plan, Bullis is not doctrinaire. The material he gives represents his judgement on how the

various problems should be dealt with, but he is not dogmatic. He is concerned about his method, not his material. In a splendid spirit of open-mindedness, he invites anyone else interested to "take any ideas from our experimental work to date and elaborate on them." Some teachers are already seeking to adapt this approach to religious education. The attempt merits the serious attention of some of our leading religious educators. If details can be worked out, this reviewer believes that Bullis' method offers an unique opportunity to make "experience-centered" religious education come alive with new meaning.

Raymond O. Ryland

(Mr. Ryland is a graduate of Union Theological Seminary, New York City, and is at present taking his second quarter of Clinical Pastoral Training at St. Elizabeths Hospital, Wash., D. C. He has also studied with The William Alanson White Institute of Psychiatry, New York City.)

THE THIRD STRIKE, by Jerry Gray,
edited by Glenn Clark.....59 pp.
(New York, Abingdon-Cokesbury Press, 1949, $1.00)

On a very much smaller canvas than that of *The Lost Week-end* or that of *Mrs. Murphy*, there is here a profound self-analysis of the final struggles of a man with alcohol. There is nothing about the first "two strikes," except the mention of descent "from instability and alcoholism." There is next to nothing about what happened during the first twenty-seven years of the author's life, except that he was a first-rate seaman. The story begins one spring with an attempt at suicide, and ends before winter with another attempt that was successful. The author's skill with exact colors and sharply drawn lines is equal to the dramatic character of this epitome of tragedy. In his own words he tells what takes place within his own heart. The pseudonym under which it is published in no way conceals the realities of this man's story.

Seen through the man's own eyes, his contacts with others in trouble, with the police, with the doctors at the hospital, with the men on his new ship—all these are clearly no contacts at all. In the isolation of his soul he can let no one come close to him. He can never let go of himself to surrender to anything or anyone outside himself, and the struggle, sometimes slight, sometimes great, ends in his defeat of himself. That the story deals with alcoholism in no way conceals the fact that it is in part everyman's story.

Thomas J. Bigham, Jr.

LET'S TELL THE TRUTH ABOUT SEX,

by Howard Whitman.....242 pp.
(New York, Pellegrini and Cudahy, 1948, $2.50)

It is always with considerable hesitation that one picks up any of the books on sex education. If they are for home use, they are usually too homey: if for children, too cosy; if by experts, too condescending; if by someone not an expert, full of errors and, frequently, polemics. It is therefore a pleasure to find a matter-of-fact, common-sense report of what the experts think and agree upon (apparently everyone who knows something seems to have been consulted), written in readable style by one who has a gift for easy and clear exposition and apt illustration.

The book is intended chiefly for parents, but will be invaluable for ministers and for all who have to do with either parents or children. In practical ways it speaks of how sex can be taught. It gives the words, hoping that the Latin terms become Americanized. It tells in typical sentences answers to questions for children of various ages, including questions that would stump the experts and that ordinarily would take you off guard. But it goes beyond words and sentences to the emotions behind them, speaking of the natural air necessary for natural answers to natural questions—and here it does much to communicate just such an atmosphere.

The general philosophy of the author can be seen by the easy and clear way in which he points out agreement between what psychiatry calls healthy and what religion calls good. Again, it can be seen by his note that what Dr. Kinsey calls mores is not the best standard for living, any more than is Puritan morals, and that what is needed is ethics. Attractively bound, easily read, this is a very useful book that ministers will want to read, to keep, to lend.

Thomas J. Bigham, Jr.